



# A GUIDE TO YOUR PREMIER GLOBAL HEALTH PLAN

A COLLABORATION BETWEEN TWO OF THE MOST RESPECTED NAMES IN GLOBAL HEALTHCARE



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# HELLO

With a **health plan** from **Bupa Global** and **Blue Cross Blue Shield Global**, **you** benefit from the combined strength, scale, and expertise of two of the most respected names in global healthcare.

Within this **guide**, **you'll** find easy to understand information about **your health plan**, including:

- o advice on what to do when **you** need **treatment**
- o simple steps to understanding the claims process
- o a 'Table of benefits' and list of 'General exclusions' which outline what is and isn't covered along with any benefit limits that might apply
- o a 'Glossary' to help understand the meaning of some of the terms used

To make the most of **your health plan**, please read the 'Table of benefits' and 'General exclusions' sections carefully to get a full understanding of **your** cover, along with **your** 'Terms and Conditions' also enclosed in **your** welcome pack.

## BEFORE **WE** GET STARTED, THERE ARE A FEW THINGS **WE** WOULD LIKE TO BRING TO **YOUR** ATTENTION...

<b>YOUR INSURER</b>	Bupa Global is the sole <b>insurer</b> of this plan.
<b>YOUR GEOGRAPHICAL AREA FOR COVERAGE IS WORLDWIDE</b>	As long as it is covered by <b>your health plan</b> , <b>you</b> can have <b>your treatment</b> at any <b>recognised medical practitioner, hospital or clinic</b> in the <b>World</b> .  To view a summary of <b>hospitals</b> visit Facilities Finder at <a href="https://bupaglobal.com/facilitiesfinder">https://bupaglobal.com/facilitiesfinder</a> .
<b>BOLD WORDS</b>	Any words written in <b>bold</b> are defined terms that are relevant to <b>your</b> cover. <b>You</b> can check their meaning in the 'Glossary'.
<b>TREATMENT THAT WE COVER</b>	<b>Your Premier Global Health Plan</b> covers the <b>treatment</b> cost for a disease, illness or injury that leads to the conservation of <b>your</b> condition, <b>your</b> recovery or <b>you</b> getting back to <b>your</b> previous state of health. This includes <b>treatment</b> for chronic, congenital and hereditary conditions that may be covered, depending on underwriting.  <b>Your treatment</b> is covered if it is: <ul style="list-style-type: none"> <li>o covered under the <b>health plan</b></li> <li>o at least consistent with generally accepted standards of medical practice in the country in which <b>treatment</b> is being received</li> <li>o clinically appropriate in terms of type, duration, location and frequency</li> </ul> <b>Your Premier Global Health Plan</b> also provides preventive benefits to help keep <b>you</b> healthy. <b>You</b> can find these in the 'Table of benefits'.
<b>ACCESSING CARE IN THE U.S</b>	As part of <b>your health plan</b> , <b>you</b> have access to the broadest coverage in the U.S. via <b>Blue Cross Blue Shield's networks</b> .  To find out more please visit <a href="https://bupaglobalaccess.com">https://bupaglobalaccess.com</a>

ANY QUESTIONS? **We'll** be happy to help.  
Get in touch using the details printed on **your** insurance card.

Bupa Global is a trade name of Bupa, the international health and care company. Bupa is an independent licensee of Blue Cross and Blue Shield Association. Bupa Global is not licensed by Blue Cross and Blue Shield Association to sell Bupa Global/Blue Cross Blue Shield Global co-branded products in Argentina, Canada, Costa Rica, Panama, Uruguay and US Virgin Islands. In Hong Kong, Bupa Global is only licensed to use the Blue Shield marks. Please consult **your policy** terms and conditions for coverage availability. Blue Cross and Blue Shield Association is a national federation of 36 independent, community-based and locally operated Blue Cross and Blue Shield companies. Blue Cross Blue Shield Global is a brand owned by Blue Cross and Blue Shield Association. For more information about Bupa Global, visit [www.bupaglobalaccess.com](http://www.bupaglobalaccess.com), and for more information about Blue Cross and Blue Shield Association, visit [www.BCBS.com](http://www.BCBS.com)

# WHEN YOU'RE AWAKE, WE'RE AWAKE

**You** can call **us** at any time of the day or night for healthcare advice, support and assistance by medically trained people who understand **your** situation.

**You** can ask **us** for help with\*:

- general medical information
- finding local medical facilities
- arranging medical second opinions
- travel information
- security information
- information on inoculation and visa requirements
- **emergency** message transmission
- interpreter and embassy referral

**You** can ask **us** to arrange evacuations, including:

- air ambulance transportation
- commercial flights, with or without medical escorts
- stretcher transportation
- transportation of mortal remains
- travel arrangements for relatives and escorts

**We** believe that every person and situation is different and focus on finding answers and solutions that work specifically for **you**. **Our** assistance team will handle **your** case from start to finish, so **you** always talk to someone who knows what is happening.

#### **Easier to read information**

If **you** would like to receive **your** product literature in large print, audio or Braille format, please contact **us** using the number on **your** membership card.

# NEED TREATMENT?

We want to make sure everything runs as smoothly as possible when you need treatment, so we help take care of the practicalities so you can focus on getting better.

If you contact us before going for treatment, we can explain your benefits and confirm that your treatment is covered by your health plan. If needed we can also help with suggesting hospitals, clinics and doctors and offer any help or advice you may need.

In cases where you need hospital treatment, contacting us also gives us an opportunity to contact your hospital or clinic and make sure they have everything they need to go ahead with your treatment. If possible we will arrange to pay them directly too.

We would like to make you aware that there are certain benefits for which you must receive pre-authorization. These are detailed in your 'Table of benefits'. Benefits may not be paid unless pre-authorization has been provided.

## The pre-authorization process

You can pre-authorise your treatment by phone or email. Once we have the necessary details, we send a pre-authorization statement to your hospital or clinic.

We also send you a pre-authorization statement. This can be used as a claim form to send back to us if you receive any invoices or are asked to pay for any aspect of your treatment yourself. More detail is provided on the claims process on the next page.

From time to time we may ask you for more detailed medical information, for example, to rule out any relation to a pre-existing condition.

## Remember we can offer a second medical opinion service

The solution to health problems isn't always black and white. That's why we offer you the opportunity to get another opinion from leading international specialists.



## Our approach to costs

When you are in need of a benefit provider, our dedicated team can help you find a **Recognised medical practitioner, hospital or healthcare facility** within network. Alternatively, you can view a summary of **benefit providers** on Facilities Finder at <https://bupaglobal.com/en/facilities/finder>. Where you choose to have your treatment and services with a **benefit provider** in network, we will cover the costs of any **covered benefits**, once any applicable **co-insurance** or deductible amount which you are responsible to pay has been taken from the total claimed amount.

Should you choose to have **covered benefits** with a **benefit provider** who is not part of network, we will only cover costs that are **Reasonable and Customary**. This means that the costs charged by the **benefit provider** must be no more than they would normally charge, and be similar to other **benefit providers** providing comparable health outcomes in the same geographical region. These may be determined by our experience of usual, and most common, charges in that region. Government or official medical bodies will sometimes publish guidelines for fees and medical practice (including established **treatment** plans, which outline the most appropriate course of care for a specific condition, operation or procedure). In such cases, or where published insurance industry standards exist, we may refer to these global guidelines when assessing and paying claims. Charges in excess of published guidelines or **reasonable and customary** made by an 'out-of-network' **benefit provider** will not be paid.

This means that, should you choose to receive **covered benefits** from an 'out-of-network' **benefit provider**:

- o you will be responsible for paying any amount over and above the amount which we reasonably determine to be **reasonable and customary** – this will be payable by you directly to your chosen 'out-of-network' **benefit provider**;
- o we cannot control what amount your chosen 'out-of-network' **benefit provider** will seek to charge you directly.

There may be times when it is not possible for you to be treated at a **benefit provider** in network, for example, if you are taken to an 'out-of-network' **benefit provider** in an **emergency**. If this happens, we will cover the costs of any **covered benefits** (after any applicable co-insurance or deductible has been taken).

If you are taken to an 'out-of-network' **benefit provider** in an **emergency**, it is important that you, or the benefit provider, contact us within 48 hours of your admission, or as soon as reasonably possible in the circumstances. If it is the best thing for you, we may arrange for you to be moved to a **benefit provider** in network to continue your **treatment** once you are stable. Should you decline to transfer to a benefit provider in network only the **reasonable and customary** costs of any **covered benefits** received following the date of the transfer being offered will be paid (after any applicable **co-insurance** or deductible has been taken).

## Pre-authorization complete and now going for treatment?

Always remember to keep your insurance card on you and present it to your **benefit provider** when you arrive.

More rules may apply in respect of **covered benefits** received from an 'out-of-network' **benefit provider** in certain countries.

These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by our experience of usual, and most common, charges in that region.

## Treatment in the U.S

If you need **treatment** in the U.S. and you know or think one of the below applies to you, you must contact us for pre-authorization before you receive your **treatment**. If you don't pre-authorise the following we will not cover the cost:

- o staying overnight in **hospital**
- o visiting **hospital** as a **day-patient**
- o having **treatment** for cancer
- o having advanced imaging, for example magnetic resonance imaging (MRI), computerised tomography (CT) or positron emission tomography (PET)
- o **rehabilitation**
- o transportation/travel

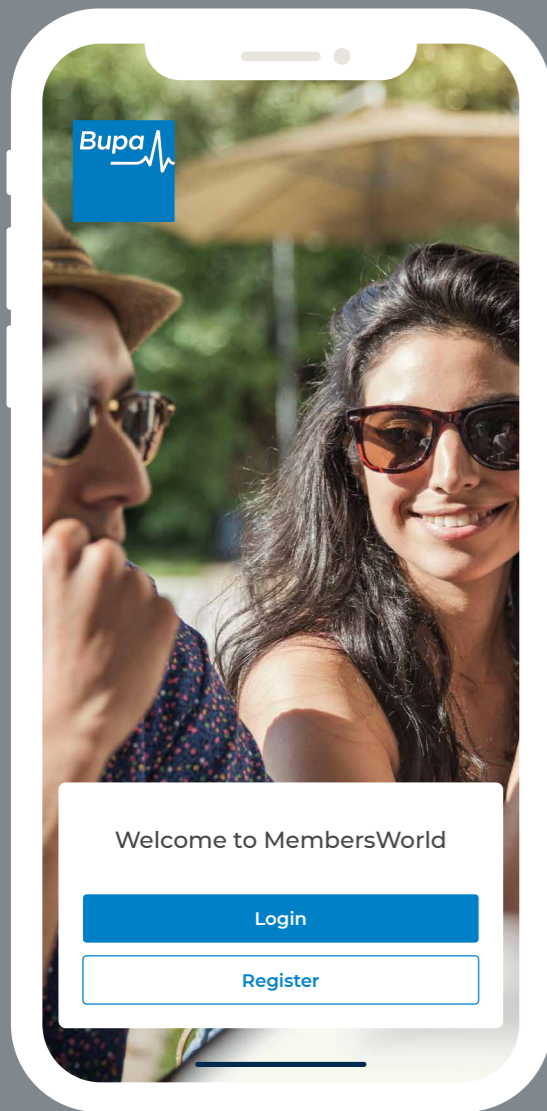
We have arrangements in place if you need to have **treatment**, attend a **hospital** or visit a **doctor** in the U.S. You can access a **network** of **hospitals** and medical providers and as long as you pre-authorise your **treatment**, your covered costs will be paid in accordance with 'the 'Table of benefits' and settled directly wherever possible.

We accept that it may not always be possible for you to be treated at a **network hospital** when for example it is over 30 miles/50km away from your address or the **treatment** isn't available. If this happens to you we will still look to cover the costs.

Of course we understand that there are times when you simply cannot get pre-authorization, such as in an **emergency**. If you are taken to **hospital** in an **emergency**, it is important that you ask the **hospital** to contact us within 48 hours of your admission. We can then make sure you are getting the right care, in the right place.

If you have been taken to a **hospital** that is not part of the **network** (and is the best thing for you) we will arrange for you to be moved to a **network hospital** to continue your **treatment** once you are stable.

# WELCOME TO MEMBERSWORLD



Your MembersWorld account gives **you** access to **Bupa Global** whenever **you** need it.

You can register for MembersWorld at: <https://membersworld.bupaglobal.com> and download the **Bupa Global** MembersWorld App from **your** app store.

MembersWorld is for everyone on the **policy** aged 16 and over.

All **dependants** over 16 can access these services, so it's important they register too.

If **you** are the **principal member** and would like to access information about **your dependants** in MembersWorld, they will need to register for an account and give permission. They can do this by simply going to their account settings and updating their consent options.

If **you** are not the **principal member**, **you** will not be able to access information about other **dependants** in MembersWorld.



## How to access MembersWorld

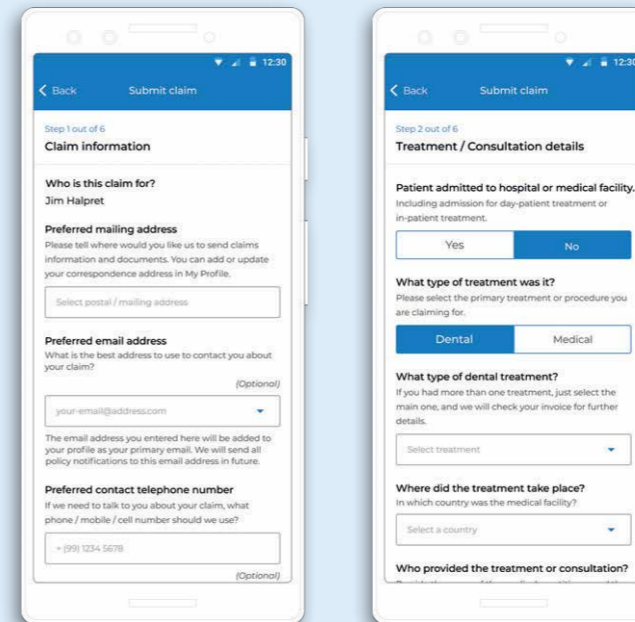
You can access and register online at <https://membersworld.bupaglobal.com> with **your** favourite web browser or via **our** app.

Search for "MembersWorld" on the App Store or Google Play and download to **your** device for access to **your** account on-the-go



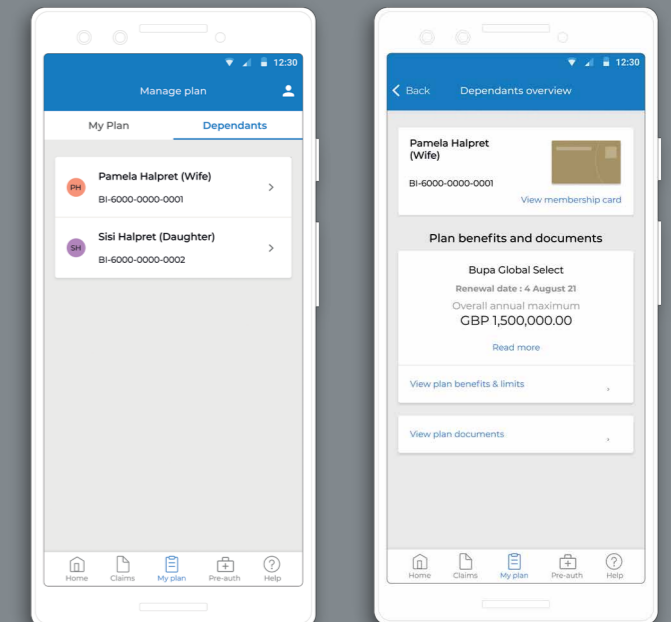
## Claims and pre-authorisations

- Submit claims\*
- Request pre-authorisation
- View and track progress\*
- Review and send more or missing information



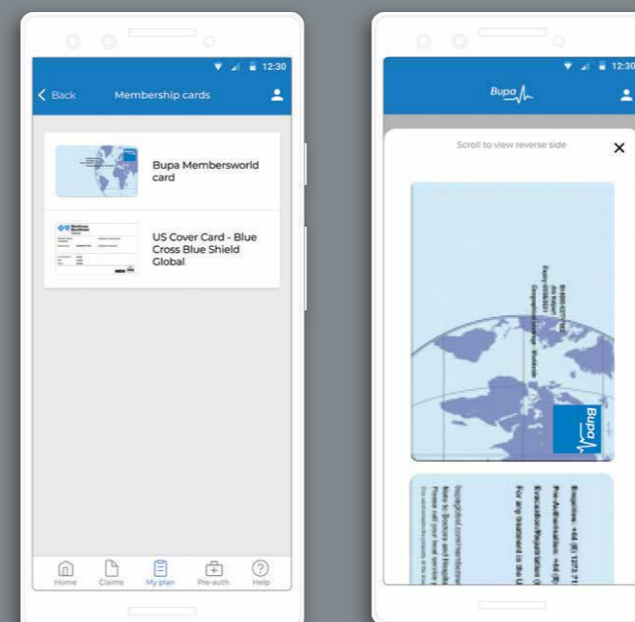
## Dependants

- View **dependants'** plans, documents and membership cards
- Submit and view claims\*
- Allow the **principal member** to manage a **dependants'** account



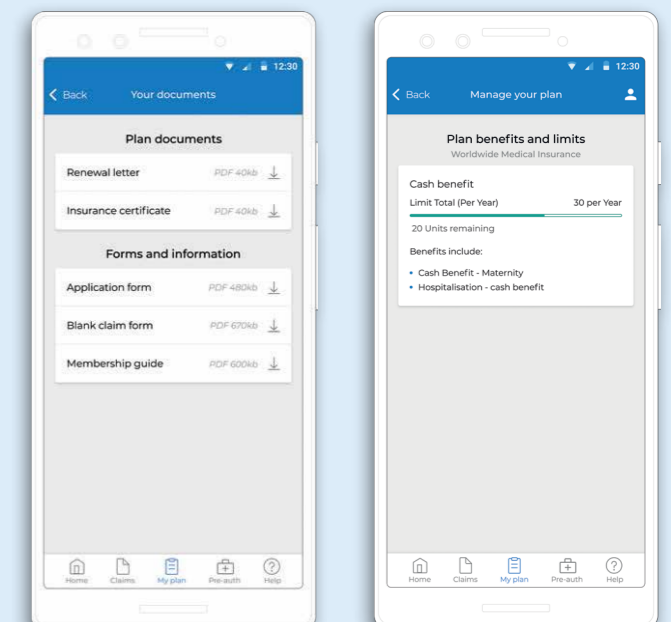
## Membership cards

- Access to **your** membership cards whenever **you** need them



## Policy documents

- View and download documents for **your** plan



# WELLBEING SERVICES

At **Bupa Global** we understand wellbeing means more than simply **your** physical health. **Our** wellbeing programmes support **you** and **your** family in all the moments that matter including **your** physical and mental health. **You** can start using these wellbeing programmes right away!

They are available to **you** from the very start of **your policy** at no extra cost. The use of the services listed on this page does not impact **your policy** premiums or erode benefits from **your** plan. For more information on any of these services please contact Customer Services.

## Your wellbeing

Explore **Bupa Global's** ever-growing health and lifestyle webpages at [www.bupaglobal.com/en/your-wellbeing](http://www.bupaglobal.com/en/your-wellbeing)

Find a wealth of inspiring articles, practical information and easy to follow tips to help **you** and **your** family live longer, healthier, happier lives.

## Second medical opinion\*

As a **Bupa Global** customer, **you** can access a second medical opinion from a team of world leading international **specialist doctors**.

This virtual service can give **you** added reassurance and confidence in **your** diagnosis or **treatment** recommendation to help **you** take the most appropriate steps with regards to **your** health. An independent team of **doctors** will review **your** previous medical history, along with any proposed **treatment** and issue **you** with a detailed report including recommendations for the best approach towards optimal recovery.

To request a second medical opinion, complete an online referral form via the MembersWorld website, or contact the **Bupa Global** Customer Service team on **+44 (0) 1273 323 563** or email [info@bupaglobal.com](mailto:info@bupaglobal.com)

## Global Virtual Care\*

**Our** virtual consult app provides **you and your dependants** with on demand access to a **network** of highly qualified international **doctors**. The **doctor** can help **you** and **your** family to better understand **your** symptoms and how to get the best care available - wherever **you** are in the world.

Features include (depending on local regulations):

- Video and telephonic consults
- **Doctor's** notes
- Selfcare
- Referrals
- Prescriptions

Access virtual consultations with a doctor any time of the day or night by signing-in to the MembersWorld app. If **you** haven't registered yet, go to the MembersWorld page to get started.

Download Global Virtual Care from either App Store or Google Play.



Virtual Care



# THE CLAIMING PROCESS

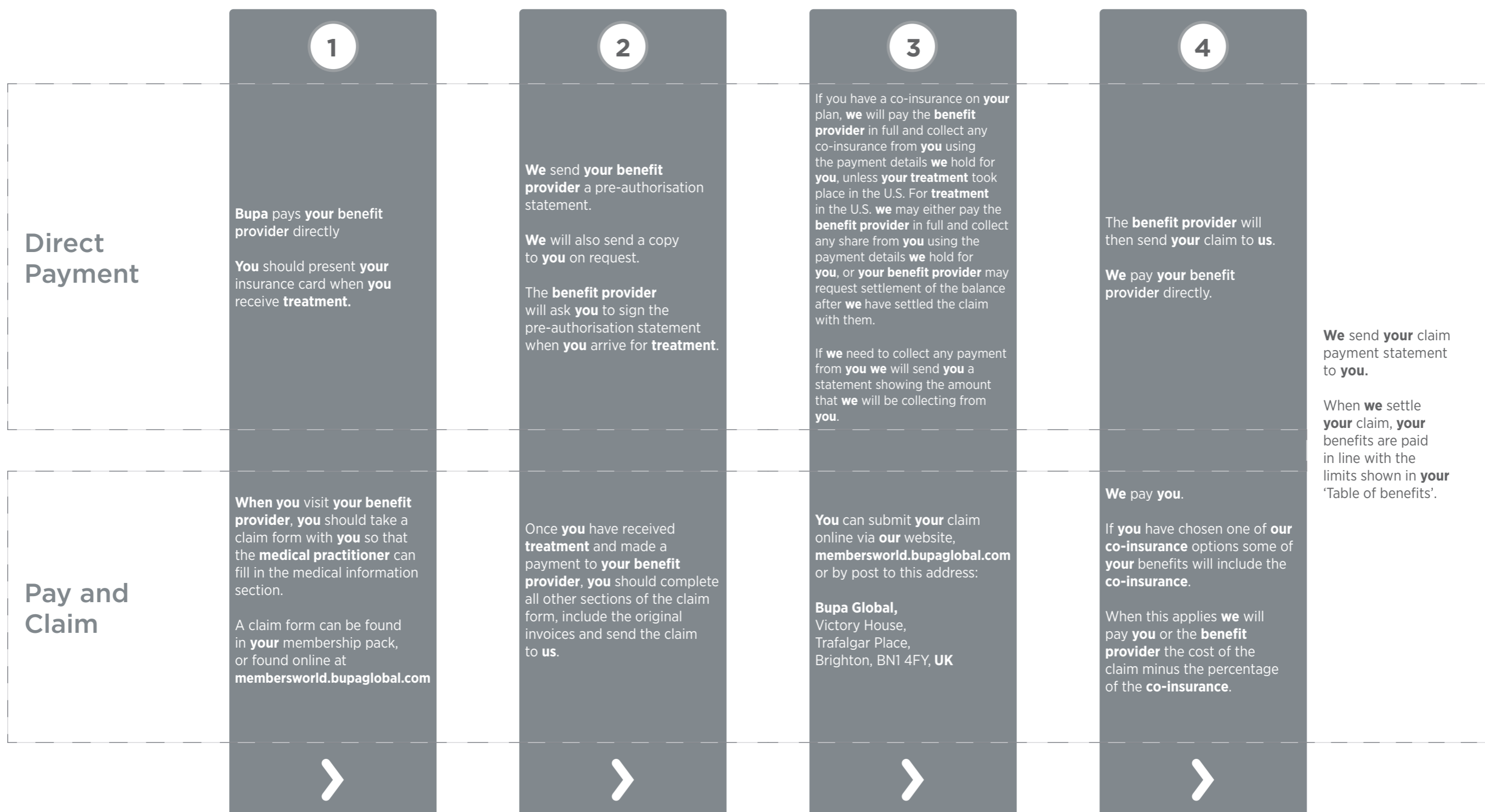
Whether **you** choose direct payment or 'pay and claim' **we** provide a quick and easy claims process. **We** aim to arrange direct settlement wherever possible, but it has to be with the agreement of whoever is providing the treatment. In general, direct settlement can only be arranged for **in-patient treatment** or **day-case treatment**. Direct settlement is easier for us to arrange if **you** pre-authorise **your treatment** first, or if **you** use a participating **hospital** or healthcare facility.

## How to make a claim

- The quickest way to submit **your** claim is to log on to **your** MembersWorld account and submit **your** claim electronically. **You** have the choice of submitting an on-line claim or uploading any completed claims form.
- Make sure **we** have all the information as the biggest delay to paying a claim is normally incomplete, missing or ineligible information.
- Make sure **you** have given **your** correct bank details. Reimbursement by bank transfer is by far the quickest way to receive **your** payment.

If **you** need assistance with a claim **you** can

- Call **us** on **+44 (0) 1273 718 379**
- Email **info@bupaglobal.com**



# WANT TO ADD MORE PEOPLE TO YOUR HEALTH PLAN?

**You** can apply to include **dependants**, including newborn children, to this **health plan** by filling in an application form

**You** can download this easily from <https://membersworld.bupaglobal.com>. If **you** are adding **your** newborn child please complete the 'newborn application form' or **you** can contact **us** and **we** will send one to **you**.

It is possible to add dependants or newborn children on to a different health plan and/or include a different co-insurance for each person.

When **you** apply, the **dependant's** medical history will be reviewed by **our** medical team which may result in cover for **pre-existing conditions** or exclusions or **we** may decline to offer cover. The cover will start on the date **our** medical team accept **your** application to join. Any special restrictions or exclusions are personal to the person **you** add and will be shown on **your** insurance certificate.

**Adding your newborn child?**  
Congratulations on **your** new arrival!

To add **your** newborn baby **you** will need to send **us** a completed newborn application form. If:

- either parent has been a **Bupa Global** member for at least 10 months before the baby's birth and
- **we** receive the application form within 30 days of the baby's birth

**we** will add the baby to the **policy** from its date of birth and not apply any personal exclusions to the baby's cover.

However, if:

- neither parent has been a **Bupa Global** member for at least 10 months before the baby's birth, or
- **we** receive the application form more than 30 days after the baby was born, or
- the baby was born in the U.S.,

the baby's medical history will be reviewed by **our** medical team which may result in cover for pre-existing conditions, special restrictions or exclusions, or **we** may decline to offer cover. This means that if the baby has medical conditions that need **treatment**, these might not be covered by the **policy**. Cover will start on the date that **we** receive the application form.

If there are any changes to the information **you** provided in the application form after **you** or **your dependants** sign it and before **we** accept the application, please let **us** know straight away.





# YOUR HEALTH PLAN BENEFITS

The 'Table of benefits' provides an explanation of what is covered on **your health plan** and the associated limits.

## Benefit limits

There are three kinds of benefit limits shown in this table:

1. The 'overall annual maximum' – the maximum amount **we** will pay in total for all benefits, for each person, in each **policy year**.
2. Annual limits for a group of benefits – the maximum amount **we** will pay in total for all of the benefits in that group, such as **out-patient** day to day care.
3. Individual benefit limits – the maximum amount **we** will pay for individual benefits such as **rehabilitation**.

All benefit limits apply per person. Some apply each **policy year**, which means that once a limit has been reached, the benefit will no longer be available until **you** renew **your health plan**. Others apply per lifetime, which means that once a limit has been reached, no more benefits will be paid, regardless of the **renewal** of **your health plan**.

## Currencies

All the benefit limits and notes are set out in three currencies: EUR, GBP and USD. The currency in which **you** pay **your** premium is the currency that applies to **your health plan** for the purpose of the benefit limits.

## Waiting periods

**You** will notice that waiting periods apply to some of the benefits. This means that **you** cannot make a claim for that particular benefit until **you** have been covered for the full duration of the waiting period stated.

## How does the co-insurance work?

**Your co-insurance** will be shown on **your** insurance certificate and **your** insurance card. Each person on **your** plan can have a different **co-insurance** so remember to check.

The **co-insurance** on this **health plan** is the percentage of all **out-patient** day to day care expenses that **you** share with **us** – please refer to **your** 'Table of benefits'.

## EXAMPLE

With 15% **co-insurance**, so **you** always pay 15% of **your out-patient** day to day care

<b>You</b> have a consultation with <b>your doctor</b> which costs <b>€80</b>	15% <b>out-patient</b> day to day care <b>co-insurance</b> applied is <b>€12</b>
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Amount paid by **us** is **€68**

Later in the year <b>you</b> stay in <b>hospital</b> for 5 days which costs <b>€8,000</b>	As this is <b>in-patient</b> care the <b>co-insurance</b> applied is <b>€0</b>
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Amount paid by **us** is **€8,000**

Please note that the benefit limits shown in the 'Table of benefits' is the maximum paid by **us**.

# TABLE OF BENEFITS PREMIER HEALTH PLAN

BENEFIT AND EXPLANATION	LIMITS
ALL BENEFITS BELOW, EVEN THOSE PAID IN FULL WILL CONTRIBUTE TO THE OVERALL ANNUAL POLICY MAXIMUM LIMIT	
ALL BENEFITS BELOW, EVEN THOSE PAID IN FULL WILL CONTRIBUTE TO THE OVERALL ANNUAL POLICY MAXIMUM LIMIT	Overall annual <b>policy</b> maximum GBP 1,500,000 EUR 1,875,000 USD 2,550,000
<b>MANDATORY PRE-AUTHORISATION NEEDED FOR:</b>	
<ul style="list-style-type: none"> <li>obesity surgery</li> <li><b>prophylactic surgery</b></li> <li>internal cardiac defibrillator</li> <li>reconstructive surgery</li> <li><b>rehabilitation</b></li> <li>cancer <b>treatment</b></li> <li><b>Advanced Therapy Medicinal Products (ATMPs)</b></li> <li>transportation (evacuation and repatriation)</li> <li>all <b>in-patient</b> stays over 5 days</li> </ul>	
<b>OUT-PATIENT DAY TO DAY CARE</b>	
*PAID IN FULL UP TO THE ANNUAL MAXIMUM OF <b>OUT-PATIENT DAY TO DAY CARE</b> LIMIT OF GBP 15,000, EUR 18,750 OR USD 25,500	Annual maximum GBP 15,000, EUR 18,750 or USD 25,500
<b>Co-insurance</b> Options: No <b>co-insurance</b> Optional 15% Optional 25% Please see <b>your</b> insurance certificate for details of any <b>co-insurance</b> that applies to <b>your out-patient</b> day to day care benefits	
<b>OUT-PATIENT SURGICAL OPERATIONS</b> When carried out by a <b>specialist</b> or a <b>doctor</b> .	Paid in full*
<b>PATHOLOGY, RADIOLOGY AND DIAGNOSTIC TESTS</b> When recommended by <b>your specialist</b> or <b>doctor</b> to help diagnose or assess <b>your</b> condition: <ul style="list-style-type: none"><li>pathology such as blood test(s)</li><li>radiology such as ultrasound or X-ray(s)</li><li><b>diagnostic tests</b> such as electrocardiograms (ECGs)</li></ul>	Paid in full*

BENEFIT AND EXPLANATION	LIMITS
<b>SPECIALIST CONSULTATIONS AND DOCTOR'S FEES</b> Consultations with <b>your specialist</b> or <b>doctor</b> , for example to: <ul style="list-style-type: none"><li>receive or arrange <b>treatment</b></li><li>follow up on <b>treatment</b> already received</li><li>receive routine baby/childhood check-ups</li><li>receive pre- and post-<b>hospital</b> consultations/<b>treatment</b></li><li>receive prescriptions for medicines, or</li><li>diagnose <b>your</b> symptoms</li></ul> Any vaccinations/immunisations given along with the consultation are paid for from the vaccinations benefit. Such consultations may take place in the <b>specialist's</b> or <b>doctor's</b> office, by telephone or using the internet.	Paid in full* Up to 30 consultations each <b>policy year</b>
<b>QUALIFIED NURSES</b> Costs for nursing care, for example injections or wound dressings by a <b>qualified nurse</b> .	
<b>MENTAL HEALTH</b> Consultation fees with psychiatrists, <b>psychologists</b> and <b>psychotherapists</b> to: <ul style="list-style-type: none"><li>receive or arrange <b>treatment</b></li><li>receive pre- and post-<b>hospital treatment</b>, or</li><li>diagnose <b>your</b> illness</li></ul>	
<b>PHYSIOTHERAPISTS, OSTEOPATHS AND CHIROPRACTORS</b> Consultations and <b>treatment</b> with <b>physiotherapists</b> , <b>osteopaths</b> , <b>chiropractors</b> for physical therapies aimed at restoring <b>your</b> normal physical function.	
<b>OCCUPATIONAL THERAPIST AND ORTHOPTIST</b> Consultations and <b>treatment</b> with occupational <b>therapists</b> and orthoptists. Note: Occupational therapy for developmental issues, including sensory deficits, is not covered.	
<b>FOOTCARE</b> <b>Treatment</b> by a podiatrist, orthopaedic <b>specialist</b> , or chiropodist. <b>Treatment</b> for corns, calluses or thickened misshapen nails will <u>only</u> be covered if <b>you</b> have diabetes.	
<b>DIETETIC ADVICE</b> <b>We</b> pay for consultations with a <b>dietician</b> for dietary advice relating to a diagnosed disease or illness, such as diabetes.	Paid in full* up to 4 visits each <b>policy year</b>
<b>PRESCRIBED MEDICINES AND DRESSINGS</b> Medicines and dressings prescribed by <b>your medical practitioner</b> , needed to treat a disease, illness or injury.	Up to GBP 2,000, EUR 2,500 or USD 3,400 each <b>policy year</b>

BENEFIT AND EXPLANATION	LIMITS
<p><b>DURABLE MEDICAL EQUIPMENT</b></p> <p>Durable medical equipment that:</p> <ul style="list-style-type: none"> <li>◦ can be used more than once</li> <li>◦ is not disposable</li> <li>◦ is used to serve a medical purpose</li> <li>◦ is not used in the absence of a disease, illness or injury and</li> <li>◦ is fit for use in the home</li> </ul> <p>For example oxygen supplies or wheelchairs.</p>	Please see previous page for shared limit.
<b>PREVENTIVE TREATMENT</b>	
<p><b>HEALTH SCREENING AND WELLNESS (WAITING PERIOD 10 MONTHS)</b></p> <p>Once <b>you</b> have been covered on this <b>health plan</b> for 10 months.</p> <p>A health screen generally includes various routine tests performed to assess <b>your</b> state of health and could include tests to check cholesterol and blood sugar (glucose) levels, liver and kidney function tests, a blood pressure check, and a cardiac risk assessment. <b>You</b> may also have the specific screening tests for breast, cervical, prostate, colorectal and skin cancer or bone densitometry. The actual tests <b>you</b> have will depend on those supplied by the <b>benefit provider</b> where <b>you</b> have <b>your</b> screening.</p>	Up to GBP 500, EUR 620 or USD 850 each <b>policy year</b>
<p><b>VACCINATIONS</b></p> <p>The following are covered:</p> <ul style="list-style-type: none"> <li>◦ Vaccinations which are recommended as part of the national childhood immunisation programme in the country of residency</li> <li>◦ Human papilloma virus (HPV) vaccination to protect against cervical cancer</li> <li>◦ Influenza (seasonal flu) vaccination</li> </ul> <p>Travel vaccinations are not covered under this benefit.</p>	Up to GBP 500, EUR 620 or USD 850 each <b>policy year</b>
<p><b>EYE TEST</b></p> <p>One eye test each <b>policy year</b>, which includes the cost of <b>your</b> consultation and sight/vision testing.</p>	Paid in full 1 test each <b>policy year</b>
<b>DENTAL TREATMENT AND HEARING AIDS/OPTICAL</b>	
<b>DENTAL TREATMENT</b>	
<p><b>PREVENTIVE DENTAL (WAITING PERIOD 6 MONTHS)</b></p> <p>Once <b>you</b> have been covered on this <b>health plan</b> for 6 months:</p> <ul style="list-style-type: none"> <li>◦ check-ups/exams</li> <li>◦ X-rays/bitewing/single view/Orthopantomogram (OPG)</li> <li>◦ scale and polish/tooth cleaning</li> <li>◦ gum shield/mouth guard</li> </ul> <p><b>Treatment</b> must be provided by a <b>dental practitioner</b>.</p>	Paid in full 2 visits each <b>policy year</b>
<p><b>ACCIDENT RELATED DENTAL TREATMENT</b></p> <p><b>We</b> pay for accident related dental <b>treatment</b> that <b>you</b> receive from a <b>dental practitioner</b> for <b>treatment</b> during an <b>emergency</b> visit following accidental damage to any tooth.</p> <p>Until <b>you</b> have been covered on this <b>health plan</b> for 6 months <b>we</b> only pay any accident related dental <b>treatment</b> taking place up to 30 days after the accident.</p> <p><b>Treatment</b> must be provided by a <b>dental practitioner</b>.</p>	50% up to GBP 1,000, EUR 1,250 or USD 1,700 each <b>policy year</b>

BENEFIT AND EXPLANATION	LIMITS
<p><b>ROUTINE DENTAL (WAITING PERIOD 6 MONTHS)</b></p> <p>Once <b>you</b> have been covered on this <b>health plan</b> for 6 months:</p> <ul style="list-style-type: none"> <li>◦ fillings</li> <li>◦ root canal <b>treatment</b></li> <li>◦ x-ray</li> <li>◦ tooth extraction</li> <li>◦ anaesthesia</li> </ul> <p><b>Treatment</b> must be provided by a <b>dental practitioner</b>.</p>	Please see previous page for shared limit.
<p><b>MAJOR RESTORATIVE (WAITING PERIOD 6 MONTHS)</b></p> <p>Once <b>you</b> have been covered on this <b>health plan</b> for 6 months:</p> <ul style="list-style-type: none"> <li>◦ bridges</li> <li>◦ crowns</li> <li>◦ dental implants</li> <li>◦ dentures</li> </ul> <p><b>Treatment</b> must be provided by a <b>dental practitioner</b>.</p>	
<b>HEARING AIDS/OPTICAL</b>	
<p><b>HEARING AIDS</b></p> <p>Costs for prescribed hearing aids.</p>	
<p><b>SPECTACLE FRAMES AND LENSES AND CONTACT LENSES</b></p> <p>Spectacle and contact lenses which are prescribed to correct a sight/vision problem such as short or long sight.</p>	
<b>IN-PATIENT CARE: FOR ALL IN-PATIENT AND DAY-PATIENT TREATMENT COSTS</b>	
<p><b>HOSPITAL ACCOMMODATION, ROOM AND BOARD</b></p> <p>When:</p> <ul style="list-style-type: none"> <li>◦ there is a medical need to stay in <b>hospital</b></li> <li>◦ the <b>treatment</b> is given or managed by a <b>specialist</b></li> <li>◦ the length of <b>your</b> stay is medically appropriate</li> </ul> <p><b>We</b> will not pay the extra costs of a deluxe, executive or VIP suite. If the cost of <b>treatment</b> is linked to the type of room, <b>we</b> pay the cost of <b>treatment</b> at the rate which would be charged if <b>you</b> occupied a room type appropriate for this <b>health plan</b>.</p> <p>For <b>in-patient</b> stays of 5 nights or more, <b>you</b> or <b>your specialist</b> must send <b>us</b> a medical report before the fifth night, confirming <b>your</b> diagnosis, <b>treatment</b> already given, <b>treatment</b> planned and discharge date.</p> <p><b>We</b> will also pay up to GBP 10 / EUR 13 / USD 17 each day for personal expenses such as newspapers, television rental and guest meals when <b>you</b> have had to stay overnight in <b>hospital</b>.</p>	Paid in full Standard private room
<p><b>PARENT ACCOMMODATION IN HOSPITAL</b></p> <p><b>We</b> pay room and board costs for a parent staying in <b>hospital</b> with their child when:</p> <ul style="list-style-type: none"> <li>◦ the costs are for one parent or legal guardian only</li> <li>◦ the parent or guardian is staying in the same <b>hospital</b> as <b>you</b>,</li> <li>◦ the child is under the age of 18 years old, and</li> <li>◦ the child is receiving <b>treatment</b> that is covered</li> </ul>	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p>OPERATING ROOM, MEDICINES AND SURGICAL DRESSINGS</p> <p>Costs of the:</p> <ul style="list-style-type: none"> <li>operating room</li> <li>recovery room</li> <li>medicines and dressings used in the operating or recovery room</li> <li>medicines and dressings used during <b>your hospital</b> stay</li> </ul>	Paid in full
<p>INTENSIVE CARE</p> <p>Costs for <b>treatment</b> in an <b>intensive care</b> unit when it is <b>medically necessary</b> or an essential part of <b>treatment</b>.</p>	Paid in full
<p>SURGERY, INCLUDING SURGEONS' AND ANAESTHETISTS' FEES</p> <p>Surgery, including surgeons' and anaesthetists' fees, as well as <b>treatment</b> needed immediately before and after the surgery on the same day.</p>	Paid in full
<p>SPECIALISTS CONSULTATION FEES</p> <p>When <b>you</b> require medical <b>treatment</b> during <b>your</b> stay in <b>hospital</b>.</p>	Paid in full
<p>PATHOLOGY, RADIOLOGY AND DIAGNOSTIC TESTS:</p> <ul style="list-style-type: none"> <li>pathology such as blood test(s)</li> <li>radiology such as ultrasound or X-ray(s)</li> <li><b>diagnostic tests</b> such as electrocardiograms (ECGs)</li> </ul> <p>when recommended by <b>your specialist</b> to help diagnose or assess <b>your</b> condition when <b>you</b> are in <b>hospital</b>.</p>	Paid in full
<p>MENTAL HEALTH</p> <p><b>Mental Health treatment</b>, where it is <b>medically necessary</b> for <b>you</b> to be treated as a <b>day-patient</b> or <b>in-patient</b> to include room, board and all <b>treatment</b> costs related to the mental health condition.</p> <p>Any <b>Mental Health treatment</b> overnight in <b>hospital</b> and as a <b>day-patient</b> for 5 days or more will need pre-authorization. Benefit will not be paid unless pre-authorization has been provided.</p>	Paid in full
<p>PHYSIOTHERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS AND DIETICIANS</p> <p><b>Treatment</b> provided by <b>therapists</b> (such as occupational <b>therapists</b>), physiotherapy and <b>dietician</b> or speech therapy if it is needed as part of <b>your treatment</b> in <b>hospital</b>, meaning this is not the sole reason for <b>your hospital</b> stay.</p>	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p>OBSESITY SURGERY (WAITING PERIOD OF 24 MONTHS)</p> <p>Once <b>you</b> have been covered on this <b>health plan</b> for 24 months, <b>we</b> may pay, depending on <b>Bupa Global's</b> medical <b>policy</b> criteria, for bariatric surgery, if <b>you</b>:</p> <ul style="list-style-type: none"> <li>have a body mass index (BMI) of 40 or over and have been diagnosed as being morbidly obese</li> <li>can provide documented evidence of other methods of weight loss which have been tried over the past 24 months and</li> <li>have been through a psychological assessment which has confirmed that it is appropriate for <b>you</b> to undergo the procedure</li> </ul> <p>The bariatric surgery technique needs to be evaluated by <b>our</b> medical teams and is depending on <b>Bupa Global's</b> medical <b>policy</b> criteria.</p> <p>In some cases, <b>you</b> may qualify for weight-loss surgery if <b>your</b> BMI is between 35 and 40 and <b>you</b> have a serious weight-related health problem, such as type 2 diabetes. The decision for <b>Bupa Global</b> to cover this will be entirely made by <b>our</b> medical teams.</p> <p>Please contact <b>us</b> for pre-authorization before proceeding with <b>treatment</b>. Benefit will not be paid unless pre-authorization has been provided.</p>	Paid in full
<p>PROPHYLACTIC SURGERY</p> <p><b>We</b> may pay depending on <b>Bupa Global's</b> medical <b>policy</b> criteria, for example, a mastectomy when there is a significant family history and/or <b>you</b> have a positive result from genetic testing.</p> <p>Please contact <b>us</b> for pre-authorization before proceeding with <b>treatment</b>. Benefit will not be paid unless pre-authorization has been provided.</p>	Paid in full
<p>PROSTHETIC DEVICES</p> <p>The initial prosthetic device needed as part of <b>your treatment</b>. By this <b>we</b> mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is needed at the time of <b>your</b> surgical procedure.</p> <p><b>We</b> do not pay for any replacement prosthetic devices for adults including any replacement devices needed for a <b>pre-existing condition</b>. <b>We</b> will pay for the initial and up to two replacements per device for children under the age of 18.</p>	Per device up to GBP 2,500, EUR 3,100 or USD 4,200
<p>PROSTHETIC IMPLANTS AND APPLIANCES</p> <p>Covered prosthetic implants and appliances shown in the following lists.</p> <p>Prosthetic implants:</p> <ul style="list-style-type: none"> <li>to replace a joint or ligament</li> <li>to replace a heart valve</li> <li>to replace an aorta or an arterial blood vessel</li> <li>to replace a sphincter muscle</li> <li>to replace the lens or cornea of the eye</li> <li>to control urinary incontinence or bladder control</li> <li>to act as a heart pacemaker (internal cardiac defibrillator may be available depending on <b>Bupa Global's</b> medical <b>policy</b> criteria. Please contact <b>us</b> for pre-authorization)</li> <li>to remove excess fluid from the brain</li> <li>cochlear implant – provided the initial implant was provided when <b>you</b> were under the age of five, <b>we</b> will pay ongoing maintenance and replacements</li> <li>to restore vocal function following surgery for cancer</li> </ul> <p>Appliances:</p> <ul style="list-style-type: none"> <li>a knee brace which is an essential part of a <b>surgical operation</b> for the repair to a cruciate (knee) ligament</li> <li>a spinal support which is an essential part of a <b>surgical operation</b> to the spine</li> <li>an external fixator such as for an open fracture or following surgery to the head or neck</li> </ul>	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p>RECONSTRUCTIVE SURGERY</p> <p><b>Treatment</b> to restore <b>your</b> appearance after an illness, injury or surgery. <b>We</b> may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during <b>your</b> current continuous cover.</p> <p>Please contact <b>us</b> for pre-authorisation before proceeding with any reconstructive surgery. Benefit will not be paid unless pre-authorisation has been provided.</p>	Paid in full
<p>ACCIDENT RELATED DENTAL TREATMENT</p> <p><b>We</b> pay for dental <b>treatment</b> that is needed in <b>hospital</b> after a serious accident.</p>	Paid in full
<p>HOSPICE AND REHABILITATION</p>	
<p>HOSPICE AND PALLIATIVE CARE</p> <p>Hospice and palliative care services if <b>you</b> have received a terminal diagnosis and can no longer have <b>treatment</b> which will lead to <b>your</b> recovery:</p> <ul style="list-style-type: none"> <li>◦ <b>hospital</b> or hospice accommodation</li> <li>◦ nursing care</li> <li>◦ prescribed medicines</li> <li>◦ physical, psychological, social and spiritual care</li> </ul>	Up to GBP 25,000, EUR 31,000 or USD 42,000 per lifetime
<p>REHABILITATION (MULTIDISCIPLINARY REHABILITATION)</p> <p><b>We</b> pay for <b>rehabilitation</b>, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. <b>We</b> do not pay for room and board for <b>rehabilitation</b> when the <b>treatment</b> being given is solely physiotherapy.</p> <p><b>We</b> pay for <b>rehabilitation</b> only when <b>you</b> have received <b>our</b> pre-authorisation before the <b>treatment</b> starts, for up to 30 days <b>treatment</b> per <b>policy year</b>. For <b>treatment</b> in <b>hospital</b> one day is each overnight stay and for <b>day-patient</b> and <b>out-patient treatment</b>, one day is counted as any day on which <b>you</b> have one or more appointments for <b>rehabilitation treatment</b>.</p> <p><b>We</b> only pay for multidisciplinary <b>rehabilitation</b> where it:</p> <ul style="list-style-type: none"> <li>◦ starts within 6 weeks after the end of <b>your treatment</b> in <b>hospital</b> for a condition which is covered by <b>your health plan</b> (such as trauma or stroke), and</li> <li>◦ arises as a result of the condition which needed the hospitalisation or is needed as a result of such <b>treatment</b> given for that condition</li> </ul> <p>Note: in order to give pre-authorisation, <b>we</b> must receive full clinical details from <b>your specialist</b>; including <b>your</b> diagnosis, <b>treatment</b> given and planned and proposed discharge date if <b>you</b> stayed in <b>hospital</b> to receive <b>rehabilitation</b>.</p>	Paid in full Up to 30 days each <b>policy year</b>
<p>IN-PATIENT AND/OR OUT-PATIENT CARE</p>	
<p>ADVANCED IMAGING</p> <p>Such as:</p> <ul style="list-style-type: none"> <li>◦ magnetic resonance imaging (MRI)</li> <li>◦ computed tomography (CT)</li> <li>◦ positron emission tomography (PET)</li> </ul> <p>when recommended by <b>your specialist</b> to help diagnose or assess <b>your</b> condition.</p>	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p>CANCER TREATMENT</p> <p>Once it has been diagnosed, including fees that are related specifically to planning and carrying out <b>treatment</b> for cancer. This includes tests, diagnostic imaging, consultations and prescribed medicines.</p> <p>Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b>. Benefit will not be paid unless pre-authorisation has been provided.</p> <p>If <b>your treatment</b> involves <b>advanced therapy medicinal products (ATMP)</b>, this will be paid from the <b>ATMP</b> benefit.</p>	Paid in full
<p>ADVANCED THERAPY MEDICINAL PRODUCTS (ATMPs)</p> <p><b>We</b> pay for <b>ATMP treatment</b> if it is:</p> <ul style="list-style-type: none"> <li>◦ administered by a <b>specialist</b> in the country where <b>you</b> receive it, and;</li> <li>◦ approved by the licensing authority in the country where <b>you</b> receive it, for <b>your</b> condition, stage of disease and stage of <b>treatment</b> that <b>you</b> have, and;</li> <li>◦ endorsed by an independent <b>specialist</b> appointed by <b>Bupa Global</b> who confirms it: <ul style="list-style-type: none"> <li>◦ as medically appropriate, based on established medical practice, or</li> <li>◦ is provided under a registered and ethically approved study (in this case <b>we</b> will not apply the 'experimental or unproven <b>treatment</b>' exclusion).</li> </ul> </li> </ul> <p>Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b>.</p>	Paid in full, one course of <b>treatment</b> for each condition per lifetime
<p>TRANSPLANT SERVICES</p> <p>All medical expenses, including consultations with a <b>doctor</b> or <b>specialist</b> and medical <b>treatments</b> whether staying in <b>hospital</b> overnight, as a <b>day-patient</b> or an <b>out-patient</b> for the following transplants, if the organ has come from a relative or a certified and verified source of donation:</p> <ul style="list-style-type: none"> <li>◦ cornea</li> <li>◦ small bowel</li> <li>◦ kidney</li> <li>◦ kidney/pancreas</li> <li>◦ liver</li> <li>◦ heart</li> <li>◦ lung, or</li> <li>◦ heart/lung transplant</li> </ul> <p>Costs for anti-rejection medicines and medical expenses for bone marrow transplants and peripheral stem cell transplants, with or without high dose chemotherapy when treating cancer, are covered under the cancer <b>treatment</b> benefit.</p> <p>Donor expenses, for each condition needing a transplant whether the donor is insured or not, including:</p> <ul style="list-style-type: none"> <li>◦ the harvesting of the organ, whether from a live or deceased donor</li> <li>◦ all tissue matching fees</li> <li>◦ <b>hospital/operation</b> costs of the donor, and</li> <li>◦ any donor complications, but to a maximum of 30 days post-operatively only</li> </ul>	Each condition up to GBP 400,000, EUR 500,000 or USD 680,000
<p>KIDNEY DIALYSIS</p> <p>Provided as an <b>in-patient</b>, <b>day-patient</b> or as an <b>out-patient</b>.</p>	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p><b>TREATMENT FOR OR RELATED TO GENDER DYSPHORIA</b></p> <p>This benefit is paid instead of any other benefit for all hormonal and surgical <b>treatment</b> for or related to gender dysphoria.</p> <p>Any <b>mental health treatment</b> for or related to gender dysphoria is paid from the mental health benefit to the limits that apply to the mental health benefit.</p> <p>All <b>treatment</b> under this benefit must be pre-authorised.</p> <p>Please refer to the '<b>Your Exclusions</b>' section.</p>	<p>Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people</p> <p>GBP 48,000 USD 80,000 EUR 64,000 per membership year</p> <p>Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people</p> <p>GBP 48,000 USD 80,000 EUR 64,000 per membership year</p>

TRANSPORTATION/TRAVEL
<p>Evacuation covers <b>you</b> for reasonable transport costs to the nearest appropriate place of <b>treatment</b>, when the <b>treatment you</b> need is not available nearby.</p> <p>For all medical transfers:</p> <ul style="list-style-type: none"> <li><b>you</b> must contact <b>us</b> for pre-authorisation before <b>you</b> travel</li> <li>the <b>treatment</b> must be recommended by <b>your specialist</b> or <b>doctor</b></li> <li>the <b>treatment</b> is not available locally</li> <li>the <b>treatment</b> must be covered under <b>your health plan</b></li> <li><b>we</b> must agree the arrangements with <b>you</b>, and</li> <li>benefit is applicable for <b>hospital treatment</b>, either overnight or as a <b>day-patient</b></li> </ul> <p>Evacuation may also be authorised if <b>you</b> need advanced imaging or cancer <b>treatment</b> such as radiotherapy or chemotherapy</p> <p><b>We</b> will only pay if all arrangements are agreed and approved in advance by <b>Bupa Global</b>. Should <b>you</b> arrange transportation covered under the <b>health plan</b> yourself <b>we</b> shall only compensate <b>your</b> expenses to the equivalent cost if <b>we</b> had arranged <b>your</b> transportation.</p> <p>Note:</p> <ul style="list-style-type: none"> <li><b>we</b> do not pay for extra nights in <b>hospital</b> when <b>you</b> are no longer receiving <b>active treatment</b> which requires <b>you</b> to be hospitalised, for example when <b>you</b> are awaiting <b>your</b> return flight.</li> <li><b>we</b> will not approve a transfer which in <b>our</b> reasonable opinion is inappropriate based on established clinical and medical practice, and <b>we</b> are entitled to conduct a review of <b>your</b> case, when it is reasonable for <b>us</b> to do so. Evacuation will not be authorised if it is against the advice of the <b>Bupa Global</b> medical team.</li> <li><b>we</b> will not arrange evacuation or repatriation in cases where the local situation, including geography, makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. Such intervention depends upon local and/or international resource availability and must remain within the scope of national and international law and regulations. Interventions may depend on the attainment of necessary authorisations issued by the various authorities concerned, which may be outside of the reasonable control or influence of <b>Bupa Global</b> or <b>our service partners</b>.</li> <li><b>we</b> cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond <b>our</b> control.</li> <li><b>Bupa Global</b> is not the provider of the transportation and other services set out in the transportation/travel section, but will arrange those services on <b>your</b> behalf. In some countries <b>we</b> may use <b>service partners</b> to arrange these services locally, but <b>Bupa Global</b> will always be here to support <b>you</b>.</li> </ul>

BENEFIT AND EXPLANATION	LIMITS
<p><b>EVACUATION</b></p> <p>Transport costs for an evacuation:</p> <ul style="list-style-type: none"> <li>to the nearest appropriate place where the necessary <b>treatment</b> is available. (This could be to another part of the country that <b>you</b> are in or to another country), and</li> <li>for the return journey to the place <b>you</b> were transferred from</li> </ul> <p>When this is authorised in advance by <b>us</b>.</p> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li>the reasonable cost of the return journey by land or sea, or</li> <li>the cost of an economy class air ticket whichever is the lesser amount</li> </ul> <p><b>We</b> do not pay any other costs related to the evacuation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for <b>you</b> to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, <b>we</b> will pay for taxi fares.</p>	Paid in full
<p><b>TRAVEL COST FOR AN ACCOMPANYING PERSON</b></p> <p>Reasonable travel costs for a close relative (spouse/partner, parent, child, brother or sister) to accompany <b>you</b> if there is a reasonable need for <b>you</b> to be accompanied. By 'reasonable need' <b>we</b> mean that <b>you</b> need someone to accompany <b>you</b> for one of the following reasons:</p> <ul style="list-style-type: none"> <li><b>you</b> need assistance to board or disembark from transport</li> <li><b>you</b> need to be transferred over a long distance (over at least 1000 miles or 1600 KM)</li> <li>there is no medical escort</li> <li>in the case of <b>serious acute illness</b></li> </ul> <p>The accompanying person may travel in a different class from the person receiving <b>treatment</b> depending on medical requirements.</p> <p>Reasonable travel costs for the return journey to the place <b>you</b> were transferred from when this is authorised in advance by <b>Bupa Global</b>.</p> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li>the reasonable cost of the return journey by land or sea, or</li> <li>the cost of an economy air ticket whichever is the lesser amount</li> </ul> <p><b>We</b> do not pay for someone to travel with <b>you</b> when the evacuation is for <b>you</b> to receive <b>out-patient treatment</b>.</p>	Paid in full
<p><b>TRAVEL COST FOR THE TRANSFER OF CHILDREN</b></p> <p>Reasonable travel costs for children to be transferred with <b>you</b> in the event of an evacuation or repatriation, provided they are under the age of 18 when:</p> <ul style="list-style-type: none"> <li>it is <b>medically necessary</b> for <b>you</b> as their parent or guardian to be evacuated or repatriated</li> <li><b>your</b> spouse, partner, or other joint guardian is accompanying <b>you</b>, and</li> <li>they would otherwise be left without a parent or guardian</li> </ul>	Paid in full
<p><b>LIVING ALLOWANCE</b></p> <p>Costs towards living expenses for a relative (spouse/partner, parent, child, brother or sister) who is authorised to travel with <b>you</b>:</p> <ul style="list-style-type: none"> <li>following an evacuation, and</li> <li>for up to 10 days, or <b>your</b> date of discharge whichever is the earlier, while away from their usual <b>specified country of residence</b></li> </ul> <p><b>We</b> do not pay for someone to travel with <b>you</b> when evacuation is for <b>out-patient treatment</b> only.</p>	10 days each <b>policy year</b> up to GBP 100, EUR 120 or USD 170 per day

BENEFIT AND EXPLANATION	LIMITS
<p>LOCAL AIR AMBULANCE:</p> <ul style="list-style-type: none"> <li>from the location of an accident to a <b>hospital</b>, or</li> <li>for a transfer from one <b>hospital</b> to another</li> </ul> <p>When a local air ambulance is:</p> <ul style="list-style-type: none"> <li><b>medically necessary</b></li> <li>used for short distances of up to 100 miles/160 KM, and</li> <li>related to <b>treatment</b> that is covered that <b>you</b> need to receive in <b>hospital</b></li> </ul> <p>A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. <b>We</b> do not pay for mountain rescue.</p>	Paid in full
<p>LOCAL ROAD AMBULANCE:</p> <ul style="list-style-type: none"> <li>from the location of an accident to a <b>hospital</b></li> <li>for a transfer from one <b>hospital</b> to another, or</li> <li>from <b>your</b> home to the <b>hospital</b></li> </ul> <p>When a local road ambulance is:</p> <ul style="list-style-type: none"> <li><b>medically necessary</b>, and</li> <li>related to <b>treatment</b> that is covered that <b>you</b> need to receive in <b>hospital</b></li> </ul>	Paid in full
<p>REPATRIATION OF MORTAL REMAINS</p> <p>Reasonable costs for the transportation of <b>your</b> body or cremated mortal remains to <b>your</b> home country or to <b>your specified country of residence</b>:</p> <ul style="list-style-type: none"> <li>in the event of <b>your</b> death while <b>you</b> are away from home, and</li> <li>depending on airline requirements and restrictions</li> </ul> <p><b>We</b> will only pay statutory arrangements, such as cremation and an urn or embalming and a zinc coffin, if this is needed by the airline authorities to carry out the transportation.</p> <p><b>We</b> do not pay for any other costs related to the burial or cremation, the cost of burial caskets or the transport costs for someone to collect or accompany <b>your</b> mortal remains.</p>	Paid in full

# YOUR EXCLUSIONS

In the 'General exclusions' section below, **we** list specific **treatments**, conditions and situations that **we** do not cover as part of **your health plan**. As well as these general exclusions, **you** may have personal exclusions or restrictions that apply to **your health plan**, as shown on **your** insurance certificate.

## Do you have cover for pre-existing conditions?

When **you** applied for **your health plan** **you** were asked to provide all information about any disease, illness or injury for which **you** received medication, advice or **treatment**, or **you** had experienced symptoms before **you** became a customer – **we** call these **pre-existing conditions**.

**Our** medical team reviewed **your** medical history to decide the terms on which **we** offered **you** this **health plan**. **We** may have offered to cover any **pre-existing conditions**, possibly for an extra premium, or decided to exclude specific **pre-existing conditions** or apply other restrictions to **your health plan**. If **we** have applied any personal exclusion or other restrictions to **your health plan**, this will be shown on **your** insurance certificate. This means **we** will not cover costs for **treatment** of this **pre-existing condition**, related symptoms, or any condition that results from or is related to this **pre-existing condition**. Also **we** will not cover any **pre-existing conditions** that **you** did not disclose in **your** application.

If **we** have not applied a personal exclusion or restriction to **your** insurance certificate, this means that any **pre-existing conditions** that **you** told **us** about in **your** application are covered under **your health plan**.

## General exclusions

The exclusions in this section apply as well as and alongside any personal exclusions and restrictions explained above.

For all exclusions in this section, and for any personal exclusions or restrictions shown on **your** insurance certificate, **we** do not pay for conditions which are directly related to:

- excluded conditions or **treatments**
- extra or increased costs arising from excluded conditions or **treatments**
- complications arising from excluded conditions or **treatments**

**Our** global **health plans** are non-U.S. insurance products and accordingly are not designed to meet the requirements of the U.S. Patient Protection and Affordable Care Act (the Affordable Care Act). **Our** plans may not qualify as minimum essential coverage or meet the requirements of the individual mandate for the purposes of the Affordable Care Act, and **we** are unable to provide tax reporting on behalf of those U.S. taxpayers and other persons who may be named on it. The provisions of the Affordable Care Act are complex and whether or not **you** or **your dependants** are affected by its requirements will depend on a number of factors. **You** should consult an independent professional financial or tax advisor for advice. For customers whose coverage is provided under a group **health plan**, **you** should speak to **your health plan** administrator for more information.

Please note that, should **you** choose to have **treatment** or services with a **benefit provider** who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. Other rules may apply in respect of **covered benefits** received from an 'out-of-network' **benefit provider** in certain specific countries.

GENERAL EXCLUSIONS	
Administration / registration fees	Administration and/or registration fees (unless <b>we</b> , at <b>our</b> reasonable discretion, agree that such fees are proper and usual accepted practice in the relevant country).
Advance payments / deposits	Advance payments and/or deposits towards the costs of any <b>covered benefits</b> .
Artificial life maintenance	<b>We</b> will not pay for <b>artificial life maintenance</b> for more than 90 days - including mechanical ventilation, where such <b>treatment</b> will not or is not expected to result in <b>your</b> recovery or restore <b>you</b> to <b>your</b> previous state of health. Example: <b>We</b> will not pay for <b>artificial life maintenance</b> when <b>you</b> are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 days.

Birth control	Contraception, sterilisation, vasectomy, termination of pregnancy (unless there is a threat to the mother's health), family planning, such as meeting <b>your doctor</b> to discuss becoming pregnant or contraception. <b>We</b> will not pay for a pregnancy or HCG test if this is carried out solely to determine if <b>you</b> are pregnant or not.
Complementary therapists	<b>Treatment</b> and medicine by <b>Complementary therapists</b> including any Chinese medicine practitioner.
Conflict and disaster	<p><b>We</b> shall not be liable for any claims which concern, are due to or are incurred as a result of <b>treatment</b> for sickness or injuries directly or indirectly caused by <b>you</b> putting yourself in danger by entering a known area of conflict (as listed below) and/or if <b>you</b> were an active participant or <b>you</b> have displayed a blatant disregard for <b>your</b> personal safety in a known area of conflict:</p> <ul style="list-style-type: none"> <li>◦ nuclear or chemical contamination</li> <li>◦ war, invasion, acts of a foreign enemy</li> <li>◦ civil war, rebellion, revolution, insurrection</li> <li>◦ terrorist acts</li> <li>◦ military or usurped power</li> <li>◦ martial law</li> <li>◦ civil commotion, riots, or the acts of any lawfully constituted authority</li> <li>◦ hostilities, army, naval or air services operations whether war has been declared or not</li> </ul>
Convalescence and admission for <b>treatment</b> that could take place as a day-case or <b>out-patient</b> , general care, or staying in <b>hospital</b> for	<ul style="list-style-type: none"> <li>◦ convalescence, pain management, supervision, or</li> <li>◦ receiving only general nursing care, or</li> <li>◦ <b>therapist</b> or <b>complementary therapist</b> services, or</li> <li>◦ domestic/living assistance such as bathing and dressing</li> </ul>
Cosmetic <b>treatment</b>	Non-medically essential surgery and <b>treatment</b> to alter <b>your</b> appearance including abdominoplasty or <b>treatment</b> related to or arising from the removal or addition of non-diseased or surplus or fat tissue is not covered. <b>We</b> do not pay for <b>treatment</b> of keloid scars. <b>We</b> also do not pay for scar revision, even if the scar is causing a functional problem.
Developmental problems	<p><b>Treatment</b> for, or related to developmental problems, including:</p> <ul style="list-style-type: none"> <li>◦ learning difficulties, such as dyslexia</li> <li>◦ developmental problems treated in an educational environment or to support educational development</li> </ul>

Experimental or unproven <b>treatment</b>	<p>Clinical tests, <b>treatments</b>, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy.</p> <ul style="list-style-type: none"> <li>◦ <b>We</b> do not pay for any test, <b>treatment</b>, equipment, medicine, device or procedure that is not considered to be in standard clinical use but is (or should, in <b>Bupa's</b> reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy.</li> <li>◦ <b>We</b> do not pay for any tests, <b>treatment</b>, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by <b>Bupa Global</b> in line with its criteria for standard clinical use.</li> </ul> <p>Standard clinical use includes:</p> <ul style="list-style-type: none"> <li>◦ <b>treatment</b> agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved through the <b>UK</b> Cancer Drugs Fund), Royal Colleges or equivalent national <b>specialist</b> bodies in the country of <b>treatment</b>;</li> <li>◦ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or <b>Bupa's</b> in-house Clinical Effectiveness team) indicate that the <b>treatment</b> is safe and effective;</li> <li>◦ where the <b>treatment</b> has received full regulatory approval by the licensing authority (e.g. <b>US</b> Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the location where the member has requested <b>treatment</b>, and is duly licensed for the condition and patient population being requested (please note – full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or</li> <li>◦ tests, <b>treatments</b>, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which <b>treatment</b> is requested.</li> </ul> <p>Notes:</p> <ul style="list-style-type: none"> <li>◦ Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not considered appropriate evidence to demonstrate a test, <b>treatment</b>, equipment, medicine, device or procedure should be used in standard clinical use.</li> <li>◦ Where licensing authority approval to market tests, <b>treatment</b>, equipment, medicines, devices or procedures does not, in <b>Bupa's</b> reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.</li> </ul>
Eyesight	<b>Treatment</b> equipment or surgery to correct eyesight, such as laser <b>treatment</b> , refractive keratotomy (RK) and photorefractive keratotomy (PRK).
Genetic testing	<p>Genetic tests, when such tests are performed to determine whether or not <b>you</b> may be genetically likely to develop a medical condition.</p> <p>Example: <b>We</b> do not pay for tests used to determine whether <b>you</b> may develop Alzheimer's disease, when that disease is not present.</p>
Harmful or hazardous use of alcohol, drugs and/or medicines	<ul style="list-style-type: none"> <li>◦ directly or indirectly, from the deliberate, reckless (including where <b>you</b> have displayed a blatant disregard for <b>your</b> personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and</li> <li>◦ in any event, from the illegal use of any such substance</li> </ul>



Health hydros, nature cure clinics or any establishment that is not a <b>hospital</b>	<b>Treatment</b> or services received in a health hydro, nature cure clinic, spa, or any similar establishment that is not a <b>hospital</b> .
Illegal activity	<b>We</b> will not pay for <b>treatment</b> which arises, directly or indirectly, as result of <b>your</b> deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offenses.
Infertility <b>treatment</b>	<p><b>Treatment</b> to assist reproduction such as:</p> <ul style="list-style-type: none"> <li>◦ in-vitro fertilisation (IVF)</li> <li>◦ gamete intrafallopian transfer (GIFT)</li> <li>◦ zygote intrafallopian transfer (ZIFT)</li> <li>◦ artificial insemination (AI)</li> <li>◦ prescribed drug <b>treatment</b></li> <li>◦ embryo transport (from one physical location to another), or</li> <li>◦ donor ovum and/or semen and related costs</li> </ul> <p>Note: <b>we</b> pay for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> <li>◦ <b>you</b> had not been aware of any problems before joining, and</li> <li>◦ <b>you</b> have been a member of this plan (or any <b>Bupa</b> administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start</li> </ul> <p>Once the cause is confirmed, <b>we</b> will not pay for any more investigations in the future.</p>
Maternity and childbirth	<p><b>Treatment</b> for maternity including childbirth for any condition arising from maternity or childbirth except the following conditions and <b>treatments</b>:</p> <ul style="list-style-type: none"> <li>◦ abnormal cell growth in the womb (hydatidiform mole)</li> <li>◦ foetus growing outside of the womb (ectopic pregnancy)</li> <li>◦ other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant</li> </ul>
Mechanical or animal donor organs	Mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function while awaiting transplant, purchase of a donor organ from any source or harvesting or storage of stem cells when a preventive measure against possible future disease.
Obesity	<p><b>Treatment</b> for or as a result of obesity such as: slimming aids or drugs, or slimming classes.</p> <p>Note: <b>We</b> may cover costs associated with obesity surgery as detailed in the 'Table of benefits', depending on <b>Bupa Global's</b> medical <b>policy</b> criteria.</p>
<b>Persistent vegetative state</b> (PVS) and neurological damage	<b>We</b> will not pay for <b>treatment</b> while staying in <b>hospital</b> for more than 90 continuous days for permanent neurological damage or if <b>you</b> are in a <b>persistent vegetative state</b> .
<b>Professional sports activities</b>	<b>Treatments</b> and services arising as a result of <b>professional sports activities</b> , including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any other <b>professional sports activities</b> .
Sexual problems	Sexual problems, such as impotence, whatever the cause.
Sleep disorders	<b>Treatment</b> , including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.

Stem cells	Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.  Note: <b>We</b> pay for bone marrow transplants and peripheral stem cell transplants when carried out as part of the <b>treatment</b> for cancer. This is covered under the cancer <b>treatment</b> benefit.
Surrogacy	<b>Treatment</b> directly related to surrogacy. This applies to <b>you</b> if <b>you</b> act as a surrogate, or to anyone else acting as a surrogate for <b>you</b> .
Temporomandibular joint (TMJ) disorders	Disorders of the Temporomandibular joint (TMJ) and related complications.
<b>Treatment</b> for or related to gender dysphoria	<p><b>We</b> do not pay for:</p> <ul style="list-style-type: none"> <li>◦ any surgical <b>treatment</b> (including cosmetic <b>treatment</b>) for or related to gender dysphoria unless: <ul style="list-style-type: none"> <li>◦ <b>you</b> have lived continuously for at least 12 months in the gender role that is congruent with <b>your</b> gender identity; and</li> <li>◦ <b>we</b> have received referral letters from two independent <b>psychologists</b> and/or psychiatrists detailing <b>your</b> personal and <b>treatment</b> history, progress and eligibility and confirming that such <b>treatment</b> is <b>medically necessary</b> for treating gender dysphoria; and, in any event</li> </ul> </li> <li>◦ any <b>treatment</b> (surgical or non-surgical) for or related to gender dysphoria where such <b>treatment</b> is unlawful and/or gender dysphoria is not a clinically recognised condition in the country of <b>treatment</b>.</li> </ul>
<b>Treatment</b> outside of the <b>network</b>	<b>Treatment</b> in the U.S. received outside of the <b>network</b> .
<b>Unrecognised medical practitioner, hospital or healthcare facility</b>	<ul style="list-style-type: none"> <li>◦ <b>Treatment</b> provided by a <b>medical practitioner, hospital or healthcare facility</b> which are not recognised by the relevant authorities in the country where the <b>treatment</b> takes place as having <b>specialist</b> knowledge, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated.</li> <li>◦ Self <b>treatment</b> or <b>treatment</b> provided by anyone with the same residence, <b>family members</b> (persons of a family, related to <b>you</b> by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request.</li> <li>◦ <b>Treatment</b> provided by a <b>medical practitioner, hospital or healthcare facility</b> which are to whom <b>we</b> have sent a written notice that <b>we</b> no longer recognise them for the purposes of <b>our health plans</b>. <b>You</b> can contact <b>us</b> by telephone for details of <b>benefit providers we</b> have sent written notice to or visit Facilities Finder at <a href="http://bupaglobal.com/en/facilities/finder">bupaglobal.com/en/facilities/finder</a>.</li> </ul>

# TERMS AND CONDITIONS

No	CLAUSE
1.	<b>Your policy</b>
1.1	The definitions set out in the "Glossary" in the Guide to <b>your Bupa Global Health Plan</b> apply to these Terms and Conditions and are marked in bold.
1.2	This <b>policy</b> is an insurance contract between <b>you the policyholder</b> and <b>Bupa Global</b> for each <b>policy year</b> . If the <b>policy</b> is renewed a new insurance contract is formed on the same terms as the previous <b>policy year</b> but with a new premium and any amendments <b>we</b> have notified <b>you the policyholder</b> of at the time of <b>renewal</b> .
1.3	No other persons, including any <b>dependants</b> , may enforce any legal rights under this insurance contract. <b>Dependants</b> may use <b>our</b> complaints process set out in clause 15 below.
1.4	This insurance contract is set out in: <ul style="list-style-type: none"> <li>◦ these Terms and Conditions;</li> <li>◦ the Guide to <b>your Bupa Global health plan</b>;</li> <li>◦ the information and declarations in <b>your</b> application form; and</li> <li>◦ the insurance certificate.</li> </ul>
1.5	If <b>you the policyholder</b> add <b>dependants</b> to this <b>policy</b> , those <b>dependants</b> will be covered by this <b>policy</b> from the date shown on the updated insurance certificate sent to <b>you the policyholder</b> .
2.	<b>Your cover</b>
2.1	<b>We</b> will pay for the cost of any <b>covered benefits</b> in accordance with the terms of this <b>policy</b> .
2.2	<b>Your health plan</b> may include a mandatory annual deductible, which will be shown in the Guide to <b>your Bupa Global health plan</b> . <b>You</b> may also have an optional annual deductible, if available and selected by <b>you the policyholder</b> in <b>your</b> application form. <b>Your</b> deductibles will be shown on <b>your</b> insurance certificate and <b>your</b> insurance card. All annual deductibles apply to <b>you the policyholder</b> and each of the <b>dependants</b> separately. <b>You the policyholder</b> and each <b>dependant</b> may have different annual deductible amounts. <b>You</b> will have a new annual deductible if this <b>policy</b> renews. If an annual deductible applies, <b>you</b> must pay the cost of any <b>covered benefits</b> received directly to the provider until <b>you</b> have reached the level of <b>your</b> annual deductible. Costs in excess of the maximums shown in the Guide to <b>your Bupa Global health plan</b> will not count towards <b>your</b> annual deductible. The cost of any <b>covered benefits</b> <b>you</b> receive which are covered by <b>your</b> annual deductible (excluding costs in excess of the maximums shown in the Guide to <b>your Bupa Global health plan</b> ), count towards the maximum cover limits shown in the Guide to <b>your Bupa Global health plan</b> . Even if the amount <b>you</b> are claiming is less than the amount of <b>your</b> annual deductible, <b>you</b> should still submit a claim to <b>us</b> so <b>we</b> know when <b>you</b> have reached the level of <b>your</b> annual deductible. As this is an annual deductible, if <b>your</b> first claim is towards the end of the <b>policy year</b> and <b>your covered benefits</b> continue over <b>your renewal</b> date, the annual deductible is payable separately for the <b>covered benefits</b> received in each <b>policy year</b> .
2.3	<b>Your health plan</b> may include a mandatory <b>co-insurance</b> , which will be shown in the Guide to <b>your Bupa Global health plan</b> . <b>You</b> may also have an optional <b>co-insurance</b> , if available and selected by <b>you the policyholder</b> in <b>your</b> application form. <b>Your co-insurance</b> will be shown on <b>your</b> insurance certificate and <b>your</b> insurance card. <b>You</b> must pay for the <b>co-insurance</b> proportion of the cost of any <b>covered benefits</b> to which the <b>co-insurance</b> applies directly to the <b>benefit provider</b> .

No	CLAUSE
2.4	Should <b>we</b> have to, for any reason, pay a <b>benefit provider</b> an amount which is covered by any annual deductible or <b>co-insurance</b> <b>we</b> will then collect payment from <b>you</b> for that amount. <b>You</b> authorise <b>us</b> to take this payment from <b>you</b> under the direct debit agreement or credit card authority <b>you</b> have given to <b>us</b> in <b>your</b> application form or as updated. If this <b>policy</b> has an annual deductible or <b>co-insurance</b> <b>you</b> must make sure that <b>we</b> always have a valid direct debit agreement or credit card authority that allows <b>us</b> to take payment of any annual deductible or coinsurance <b>we</b> have paid. <b>You</b> must update the direct debit agreement or credit card authority <b>you</b> have given to <b>us</b> when necessary or when requested by <b>us</b> . Otherwise it may cause delays in <b>our</b> paying claims. <b>We</b> will not pay claims until <b>we</b> have received any outstanding annual deductible or <b>co-insurance</b> payments.
2.5	<b>You</b> must obtain pre-authorization for any <b>covered benefits</b> where it is stated that this is needed in the Guide to <b>your Bupa Global health plan</b> . Details of how to pre-authorise <b>covered benefits</b> are available in the Guide to <b>your Bupa Global health plan</b> .
2.6	Before <b>we</b> pre-authorise any <b>covered benefits</b> or pay any claim, <b>we</b> are entitled to request more information, such as medical reports, and <b>we</b> may require that <b>you</b> have a medical examination by an independent <b>medical practitioner</b> appointed by <b>us</b> (at <b>our</b> cost) who will then provide <b>us</b> with a medical report. If this information is not provided in time once requested this may result in a delay in pre-authorization and to <b>your</b> claims being paid. If this information is not provided to <b>us</b> at all this may result in <b>your</b> claims not being paid.
2.7	If <b>we</b> make a payment to <b>you</b> for a benefit <b>you</b> are not covered for, it does not mean that <b>we</b> will pay identical or similar costs in the future. Any payment that <b>we</b> may make on this basis will still count towards the overall annual maximum limit that applies to this <b>policy</b> .
3.	<b>Premium and Payment</b>
3.1	<b>You</b> should pay <b>your</b> premiums direct to <b>Bupa Global</b> . If <b>you</b> pay <b>your</b> premiums to anyone else, such as an intermediary, <b>we</b> are not responsible for ensuring those persons pass the premium on to <b>us</b> . Premiums are collected by <b>Bupa Insurance Services Limited</b> who act as <b>our</b> intermediary for the purpose of receiving and holding premiums, making claims and refunds. <b>Your</b> premiums are protected by an agreement between <b>us</b> and <b>Bupa Insurance Services Limited</b> . The amount and method of payment is shown in <b>your</b> insurance certificate.
3.2	If <b>we</b> do not receive <b>your</b> premium (or any instalment) or any other payment <b>you</b> owe <b>us</b> under this <b>policy</b> by the due date, <b>we</b> will write to <b>you the policyholder</b> requesting payment by a specific date, which will be not less than 30 days after the date <b>we</b> issue <b>our</b> letter or email to <b>you</b> . If <b>we</b> do not receive payment by that date, this <b>policy</b> will be cancelled and all rights under this <b>policy</b> will cease from the original date on which <b>your</b> premium (or the first missed instalment) or other payment should have been received. <b>We</b> will not pay any claims until all overdue payments have been paid, unless the reason for non-payment is an error outside of <b>your</b> control, such as a bank error.
3.3	If <b>we</b> incorrectly make any payment to either a <b>benefit provider</b> for <b>treatment</b> or benefits received by <b>you</b> but not covered by this <b>policy</b> , or to <b>you</b> , <b>we</b> may deduct the amount <b>we</b> incorrectly paid from <b>your</b> future claims or seek repayment from <b>you</b> .
4.	<b>Where another person has caused your condition or you hold other insurance cover</b>
4.1	If any person is to blame for any injury, disease, illness, condition or other event where <b>you</b> receive any <b>covered benefits</b> , <b>we</b> may make a claim in <b>your</b> name. <b>You</b> must provide <b>us</b> with any assistance <b>we</b> reasonably require to help make such a claim, for example: <ul style="list-style-type: none"> <li>◦ providing <b>us</b> with any documents or witness statements;</li> <li>◦ signing court documents; and</li> <li>◦ submitting to a medical examination.</li> </ul> <b>We</b> may exercise <b>our</b> rights to bring a claim in <b>your</b> name before or after <b>we</b> have made any payment under the <b>policy</b> . <b>You</b> must not take any action, settle any claim or otherwise do anything which adversely affects <b>our</b> rights to bring a claim in <b>your</b> name.

No	CLAUSE
4.2	<p>If <b>you</b> have other insurance which also covers <b>your covered benefits you</b> must let <b>us</b> know and provide details of the other insurance company, including on pre-authorisation and when making a claim.</p> <p><b>We</b> will only pay for <b>our</b> share of the cost of any <b>covered benefits</b>.</p>
5.	<b>Making a claim</b>
5.1	<p><b>We</b> aim to pay the <b>benefit provider</b> directly for any <b>covered benefits</b> covered by this <b>policy</b> whenever possible.</p> <p>Otherwise <b>you</b> must pay the <b>benefit provider</b> and then send a completed claim form to <b>us</b>, with copies of all valid invoices, relevant letters and other documents relating to the <b>covered benefits you</b> are claiming for. Where requested, original invoices must be provided to <b>us</b>.</p> <p><b>We</b> are not obliged to pay for any <b>covered benefits</b> if the claim form is received by <b>us</b> more than 2 years after the <b>covered benefits</b> were provided to <b>you</b>, unless there is a good reason why it was not possible for <b>you</b> to make the claim earlier.</p> <p><b>We</b> cannot return any original documents, but <b>we</b> can send <b>you</b> copies if <b>you</b> request.</p>
5.2	<p>Where <b>you</b> have paid the <b>benefit provider</b> and <b>you</b> have made a valid claim, <b>we</b> will pay <b>you the policyholder</b>. <b>We</b> may pay a <b>dependant</b> only where the <b>dependant</b> received the <b>covered benefits</b>, they are over 18 and <b>we</b> have their current bank details.</p> <p><b>We</b> only pay by electronic transfer direct to <b>your</b> bank account or by cheque payable to <b>you</b>.</p> <p><b>We</b> pay the administration costs for making electronic transfers. If <b>your</b> local bank charges <b>you</b> an administration fee, <b>we</b> will refund <b>you</b> on receipt of proof <b>you</b> have paid such fees. All other bank charges or fees, such as currency exchange, are <b>your</b> responsibility, unless <b>you</b> are charged because <b>we</b> made a mistake.</p>
5.3	<p><b>We</b> will reimburse <b>you</b> in the currency:</p> <ul style="list-style-type: none"> <li>◦ in which <b>we</b> receive the premium</li> <li>◦ of the invoices <b>you</b> send <b>us</b>, or</li> <li>◦ of <b>your</b> bank account.</li> </ul> <p>Sometimes banking rules may not let <b>us</b> pay <b>you</b> in the currency <b>you</b> would like. So, <b>we</b> will pay <b>you</b> in the currency <b>we</b> receive the premium in.</p> <p>Very rarely, paying in a certain currency may be illegal or expose <b>us</b> (or the <b>Bupa Group</b>) to United Nations sanctions. If so:</p> <ul style="list-style-type: none"> <li>◦ <b>we</b> may not be able to pay <b>you</b> immediately, or</li> <li>◦ will pay <b>you</b> in a currency which <b>we</b> are allowed to and able to.</li> </ul> <p>The exchange rate <b>we</b> use will be Reuters closing spot rate set at 16.00 <b>UK</b> time on the <b>UK</b> working day before the invoice date. If there is no invoice date, <b>we</b> will use <b>your treatment</b> date.</p>
5.4	<p><b>We</b> will not provide cover and <b>we</b> shall not be liable to pay any claim or provide any benefit under this <b>Policy</b> to the extent that such cover, payment of a claim(s) or benefits would:</p> <ul style="list-style-type: none"> <li>◦ cause <b>us</b> to breach any United Nations resolutions or the trade or economic sanctions, laws or regulations of any jurisdiction to which <b>we</b> are subject (which may include without limitation those of the European Union, <b>United Kingdom</b> and/or United States of America).</li> <li>◦ expose <b>us</b> to the risk of being sanctioned by any relevant authority or competent body; and/or</li> <li>◦ expose <b>us</b> to the risk of being involved in conduct (either directly or indirectly) which any relevant authority or competent body would see as prohibited.</li> </ul> <p>Where any resolutions, sanctions, laws or regulations referred to in this clause are, or become, applicable to this <b>Policy</b>, <b>we</b> reserve all of <b>our</b> rights to take all and any such actions believed to be necessary in <b>our</b> absolute discretion, to allow <b>us</b> to continue to be compliant. <b>You</b> acknowledge that this may restrict or delay <b>our</b> obligations under this <b>Policy</b> and <b>we</b> may not be able to pay any claim(s) in the event of a sanctions-related concern.</p>

No	CLAUSE
6.	<b>Renewal</b>
6.1	<p><b>We</b> will write to let <b>you</b> know if this <b>policy</b> will renew for the next year in advance of the <b>renewal</b> date.</p> <p>Each <b>policy year we</b> may change how <b>we</b> calculate <b>your</b> premiums, how <b>we</b> determine premiums, what <b>you</b> have to pay and the method of payment. <b>We</b> may also change the Guide to <b>your Bupa Global health plan</b> (including which <b>covered benefits</b> are covered and the limits for <b>covered benefits</b>) and the terms this <b>policy</b>.</p> <p><b>We</b> will issue <b>you</b> a notice in advance of the <b>renewal</b> date, with details of the new premium, any changes to the renewed <b>policy</b> and the reasons for those changes. If <b>you</b> do not want to renew this <b>policy you</b> must contact <b>us</b> within 30 days following the start of the renewed <b>policy</b>.</p> <p>Unless <b>you</b> contact <b>us</b> to tell <b>us</b> not to, <b>we</b> will continue to take payment of the new premium using the payment details <b>you</b> have given <b>us</b>.</p>
6.2	<p><b>We</b> may not renew this <b>policy</b> at <b>our</b> discretion for any reason. If so, <b>we</b> will issue <b>you</b> a notice at least 30 days before the end of the <b>policy year</b>.</p>
6.3	<p>If <b>we</b> decide to renew this <b>policy</b>, <b>we</b> won't add any new personal restrictions or exclusions (those that appear on <b>your</b> insurance certificate) to <b>your</b> renewed <b>policy</b>. However, should <b>you</b> move to a different <b>health plan</b>, <b>we</b> may add new personal restrictions or exclusions.</p>
6.4	<p>Please contact <b>us</b> before <b>your renewal</b> date if <b>you</b> or <b>your dependants</b> have personal exclusion(s) or cover for <b>pre-existing conditions</b> and would like <b>us</b> to review this.</p> <p><b>We</b> may remove <b>your</b> exclusion or the increased premium applied for the <b>pre-existing condition</b> if, in <b>our</b> opinion, no more <b>treatment</b> will be either directly or indirectly needed for the condition, or for any related condition. There are some personal exclusions that, due to their nature, <b>we</b> will not review.</p> <p>To carry out a review, <b>we</b> may ask for an up to date medical report from <b>your family doctor</b> or consultant. Any costs incurred in obtaining these details are not covered under <b>your</b> plan and are <b>your</b> responsibility</p>
7.	<b>Changes to your policy</b>
7.1	<p>Only <b>we</b> and the <b>policyholder</b> can agree to make changes. Changes will take effect only when <b>we</b> confirm them in writing.</p>
7.2	<p>This <b>policy</b> lasts one year:</p> <ul style="list-style-type: none"> <li>◦ the <b>policyholder</b> can only make changes at <b>renewal</b></li> <li>◦ any waiting periods would not re-start.</li> </ul>
7.3	<p><b>We</b> may make changes to the <b>policy</b> before <b>renewal</b>:</p> <ul style="list-style-type: none"> <li>◦ if laws or regulators say <b>we</b> must, or</li> <li>◦ to improve cover for all members with the same product.</li> </ul> <p>If so, <b>we</b> will write to tell <b>you</b> about the changes.</p>
7.4	<p>If <b>we</b> reasonably consider that by continuing this <b>policy we</b> or <b>you</b> may breach any:</p> <ul style="list-style-type: none"> <li>◦ law</li> <li>◦ regulation</li> <li>◦ code or</li> <li>◦ court order</li> </ul> <p><b>we</b> can end the <b>policy</b> immediately.</p> <p>This <b>policy</b> does not provide cover if this would expose <b>us</b> (or the <b>Bupa group</b>) to any:</p> <ul style="list-style-type: none"> <li>◦ sanction, prohibition or restriction under United Nations resolutions or</li> <li>◦ trade or economic sanctions, laws or regulations of the European Union, <b>UK</b> or U.S.</li> </ul>
7.5	<p>If <b>you</b> ask to add a new <b>dependant</b> to this <b>policy</b>, <b>we</b> will review that person's medical history. <b>We</b> may not agree to add the person to this <b>policy</b>, or <b>we</b> may add special restrictions or exclusions to the cover for that new <b>dependant</b>. <b>We</b> may, at <b>our</b> discretion, agree to provide cover for certain <b>pre-existing conditions</b> of the new <b>dependant</b>. <b>You</b> must pay any additional premium. Children may be added without medical history or additional premium being required where this is provided for (and in accordance with any relevant requirements) in <b>your</b> Guide to <b>your Bupa Global health plan</b>. For certain <b>health plans</b>, <b>we</b> may not be able to add <b>dependants</b> who are over a certain age at the time <b>we</b> receive the request for them to be added to this <b>policy</b>.</p>

No	CLAUSE
8.	<b>Your country of residence</b>
8.1	<p><b>You</b> must tell <b>us</b> straight away if <b>you</b> move to a different country or <b>your specified country of residence</b> or <b>specified country of nationality</b> changes.</p> <p>This <b>policy</b> will terminate if the law of the country in which <b>you</b> are located, or <b>your</b> country of residence or nationality, or any other law which applies to <b>us</b> or this <b>policy</b>, prohibits the provision of healthcare cover by <b>us</b> to local nationals, residents or citizens.</p> <p>Without limitation to the foregoing, <b>we</b> will not be able to renew <b>your health plan</b> at the next <b>policy renewal</b> if <b>you</b> become a permanent resident of the U.S., and, if any other people covered under <b>your policy</b> become a resident of the U.S., <b>we</b> will not be able to renew their cover under their <b>health plan</b> at the next <b>policy renewal</b> date. 'Permanent resident' shall mean a person residing in the U.S. who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in the U.S., and 'U.S.' shall include the Commonwealth of Puerto Rico for this purpose.</p>
8.2	<p><b>You</b> must tell <b>us</b> straight away if <b>you</b> change <b>your</b> correspondence address or other contact details as <b>we</b> will use the last address and contact details <b>you</b> gave <b>us</b> until <b>you</b> tell <b>us</b> otherwise.</p>
9.	<b>Ending this policy</b>
9.1	<p>The <b>policyholder</b> can at any time:</p> <ul style="list-style-type: none"> <li>cancel the entire <b>policy</b>, which will end cover for everyone; or</li> <li>cancel cover for a <b>dependant</b>.</li> </ul> <p>To do this, please tell <b>us</b> by telephone, email or post.</p> <p>The change will take effect 14 days after the <b>policyholder</b> tells <b>us</b> about the change. Please note:</p> <ol style="list-style-type: none"> <li><b>we</b> will not back-date the cancellation date and</li> <li>will not pay claims for <b>treatment</b> which takes place after the <b>policy</b> ends.</li> </ol>

No	CLAUSE
9.2	<p>The refund of any premium will depend on the date the <b>policyholder</b> cancels the entire <b>policy</b> or the <b>policy</b> of a <b>dependant</b>. There are two scenarios:</p> <p>A. Cancellation within the first 30 days of the <b>policy</b>; or  B. Cancellation after the first 30 days of taking out the <b>policy</b>.</p> <p><b>A. Cancellation within the first 30 days of cover:</b></p> <p>If the <b>policyholder</b> cancels the entire <b>policy</b>:</p> <ul style="list-style-type: none"> <li>within the first 30 days of cover starting for that <b>policy year</b>, and</li> <li>there have been no claims for <b>treatment</b> which took place in that 30-day period</li> </ul> <p><b>we</b> will refund all premiums paid for that <b>policy year</b>.</p> <p>If the <b>policyholder</b> cancels cover for a <b>dependant</b>:</p> <ul style="list-style-type: none"> <li>within the first 30 days of cover starting for that <b>dependant</b> for that <b>policy year</b>, and</li> <li>there have been no claims for <b>treatment</b> for that <b>dependant</b> which took place in that 30-day period</li> </ul> <p><b>we</b> will refund all premium paid for that <b>dependant</b> for that <b>policy year</b>.</p> <p>Important: In either case, where a claim has been made in the first 30 days of cover either by the <b>policyholder</b> or a <b>dependant</b>, <b>we</b> will treat this as acceptance to have a <b>policy</b> with <b>us</b>. This means if <b>you</b> wish to cancel the <b>policy</b>, it will be treated as cancellation taking place after the first 30 days (section B below).</p> <p><b>B. Cancellation after the first 30 days of cover:</b></p> <p>If the <b>policyholder</b> cancels the entire <b>policy</b>:</p> <ul style="list-style-type: none"> <li>after the first 30 days of cover for that <b>policy year</b>, or</li> <li>there have been claims for <b>treatment</b> which took place in the first 30 days of cover</li> </ul> <p><b>we</b> will cancel the <b>policy</b> 14 days from the date the <b>policyholder</b> asked <b>us</b> (as mentioned in section 9.1 above). And <b>we</b> will refund any premiums already paid for after the 14-day cancellation period.</p> <p>For example, if the <b>policyholder</b> cancels the entire <b>policy</b> on 1 March, <b>we</b> will refund any premium paid for 15 March onwards.</p> <p>If the <b>policyholder</b> cancels cover for a <b>dependant</b>:</p> <ul style="list-style-type: none"> <li>after the first 30 days of cover for that <b>policy year</b>, or</li> <li>there have been claims for <b>treatment</b> for that <b>dependant</b> which took place in those first 30 days of cover</li> </ul> <p><b>we</b> will refund any premium already paid for that <b>dependant</b> for after the 14-day cancellation period.</p> <p>For example, if the <b>policyholder</b> cancels the cover for a <b>dependant</b> on 1 March, <b>we</b> will refund any premium paid for 15 March onwards.</p>
9.3	<p><b>We</b> will refund <b>you</b> on the same method <b>you</b> used to pay premium. This means the refund will go back into <b>your</b> bank account, credit card, debit card or via a cheque.</p> <p>Please be aware that if <b>you</b> have any outstanding payments with <b>us</b>, <b>we</b> may deduct this from the refund.</p>
9.4	<p>If:</p> <ul style="list-style-type: none"> <li>a <b>dependant</b> dies – The <b>policyholder</b> should tell <b>us</b> within 30 days.</li> <li>the <b>policyholder</b> dies – Any <b>dependants</b> on the <b>policy</b>, or <b>family members</b> of the <b>policyholder</b>, should tell <b>us</b> within 30 days.</li> </ul> <p>After <b>we</b> have been informed of the death, <b>we</b> will end the <b>policy</b>.</p> <p>Where the <b>policyholder</b> has died, a <b>dependant</b> aged 18 or over can apply to be the <b>policyholder</b> and can add more <b>dependants</b> to the <b>policy</b>. If there is no new <b>policyholder</b>, the <b>policy</b> will end.</p> <p>In either case, where there have been no claims, <b>we</b> will refund the premium for the period after the <b>policy</b> ended.</p>
10.	<b>Our role under this policy and appointment as your intermediary</b>
10.1	<p><b>Our</b> role under this <b>policy</b> is to provide <b>you</b> with insurance cover and sometimes to make arrangements (on <b>your</b> behalf) for <b>you</b> to receive any <b>covered benefits</b>. It is not <b>our</b> role to provide <b>you</b> with the actual <b>covered benefits</b>.</p>
10.2	<p><b>You</b> the <b>policyholder</b>, on behalf of yourself and the <b>dependants</b>, appoint <b>us</b> to act as intermediary for <b>you</b>, to make appointments or arrangements for <b>you</b> to receive <b>covered benefits</b> which <b>you</b> request. <b>We</b> will use reasonable care when acting as <b>your</b> intermediary.</p>

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10.3	<p><b>You the policyholder</b>, on behalf of yourself and the <b>dependants</b>, authorise <b>us</b> as <b>your</b> intermediary, if for any reason <b>you</b> are not available to give <b>us</b> instructions with regard to any <b>covered benefits</b> (for example if <b>you</b> are incapacitated), to:</p> <ul style="list-style-type: none"> <li>◦ take such action as <b>we</b> reasonably believe to be in <b>your</b> best interests (in accordance with the cover <b>you</b> have under this <b>policy</b>);</li> <li>◦ provide any information about <b>you</b> to <b>your benefit provider</b> as <b>we</b> reasonably believe to be appropriate in the circumstances; and/or</li> <li>◦ take instructions from the person <b>we</b> reasonably believe to be the most appropriate person (for example a <b>family member, your treating doctor</b> or <b>your</b> employer).</li> </ul>
10.4	When acting as <b>your</b> intermediary <b>we</b> may act via <b>our Bupa group of companies and administrators</b> .
11.	<b>Our liability to you</b>
11.1	<b>We</b> (and <b>our Bupa group of companies and administrators</b> ) shall not be liable to <b>you</b> or anyone else for any loss, damage, illness and/or injury that may occur as a result of <b>your</b> receiving any <b>covered benefits</b> , nor for any action or failure to act of any <b>benefit provider</b> or other person providing <b>you</b> with any <b>covered benefits</b> . <b>You</b> should be able to bring a claim directly against such <b>benefit provider</b> or other person.
11.2	<b>Your</b> statutory rights are not affected.
12.	<b>Fraudulent Claims</b>
12.1	In this clause 12, where <b>we</b> refer to ' <b>you</b> ' or ' <b>you the policyholder</b> ' this includes anyone acting on <b>your</b> behalf, where <b>we</b> refer to ' <b>dependant</b> ' this includes anyone acting on behalf of any <b>dependant</b> .
12.2	<p><b>You the policyholder</b> and any <b>dependant</b> must not:</p> <ul style="list-style-type: none"> <li>◦ make a fraudulent or exaggerated or falsely stated claim under this <b>policy</b>;</li> <li>◦ send <b>us</b> fake or forged documents or other false evidence, or make a false statement in support of a claim(s); and/or</li> <li>◦ provide <b>us</b> with information which <b>you the policyholder</b> or any <b>dependant</b> knows would otherwise allow <b>us</b> to refuse to pay a claim(s) under this <b>policy</b>; and/or</li> <li>◦ refuse to cooperate or fail to provide information/documents reasonably requested by <b>us</b> to validate <b>your</b> claim(s), whether outstanding or paid (including but not limited to proof of payment, medical reports and original invoices).</li> </ul>
12.3	<p>In the event of failure to comply with clause 12.2 above, <b>we</b> may:</p> <ul style="list-style-type: none"> <li>◦ refuse to pay the whole of the claim and any other claim(s) submitted since the date of that claim; and/or</li> <li>◦ recover any payments <b>we</b> have already made in respect of the claim and/or other claim(s) submitted since that claim.</li> </ul> <p>In addition, if <b>you the policyholder</b> breach clause 12.2 then <b>we</b> will let <b>you</b>, the <b>policyholder</b>, know that this <b>policy</b> has terminated from the date of the breach of clause 12.2, and not refund any premium for the <b>policy</b>.</p> <p>If only a particular <b>dependant</b> has breached clause 12.2 then <b>we</b> will let <b>you</b>, the <b>policyholder</b>, know that the cover under this <b>policy</b> for that particular <b>dependant</b> has terminated from the date of the breach of clause 12.2 above, and not refund any premium for that cover under the <b>policy</b>.</p>
13.	<b>Provision of accurate and complete information</b>
13.1	In this clause 13, where <b>we</b> refer to ' <b>you</b> ' or ' <b>you the policyholder</b> ' this includes anyone acting on <b>your</b> behalf, where <b>we</b> refer to any ' <b>dependant</b> ' this includes anyone acting on behalf of any <b>dependant</b> .

No	CLAUSE
13.2	<p><b>You</b> and any <b>dependant</b> must take reasonable care to make sure that all information provided to <b>us</b> is accurate and complete, at the time <b>you</b> take out this plan, and at each <b>renewal</b> and variation of this plan. <b>You</b> and any <b>dependant</b> must also tell <b>us</b> if any of the answers to the questions in the application form change prior to this plan starting. Otherwise, the following apply with effect from the date the plan was taken out, renewed or varied (depending on when <b>we</b> were provided with inaccurate or incomplete information).</p> <p>A. <b>We</b> may treat this plan as if it had not existed if <b>you</b> deliberately or recklessly give <b>us</b> inaccurate or incomplete information.</p> <p>B. Where <b>you</b> negligently or carelessly give <b>us</b> inaccurate or incomplete information, or where A. applies but <b>we</b> choose not to rely on <b>our</b> rights under A, <b>we</b> may treat the plan and any claims in a way which reflects what <b>we</b> would have done if <b>we</b> had been provided with accurate and complete information, as follows:</p> <ul style="list-style-type: none"> <li>◦ if <b>we</b> would have refused to cover <b>you</b> at all, <b>we</b> may treat this plan as if it had not existed;</li> <li>◦ if <b>we</b> would have provided <b>you</b> with cover on different terms, then <b>we</b> may apply those different terms to this plan. This means a claim will only be paid if it is covered by and/or if <b>you</b> have complied with such different terms - for example <b>your</b> plan may contain new personal restrictions or exclusions; and/or</li> <li>◦ if <b>we</b> would have charged <b>you</b> a higher premium, <b>we</b> may reduce the amount payable on any claim by comparing the higher premium to the original premium. For example, <b>we</b> will only pay half of a claim, if <b>we</b> would have charged double the premium.</li> </ul>
13.3	<p>Where it is a <b>dependant</b> (or <b>you</b> on their behalf) who has provided incomplete or inaccurate information, the same rules apply but only to that part of the plan which applies to the <b>dependant</b>, or to claims made by that <b>dependant</b>.</p> <p>The same rules apply if someone else provides <b>us</b> with information on <b>your</b> behalf or any <b>dependant's</b> behalf.</p>
14.	<b>Data Processing Notice</b>
14.1	Please see <b>Bupa Global's</b> Privacy Notice.
15.	<b>Complaints</b>
15.1	<p>How can I make a complaint?</p> <ul style="list-style-type: none"> <li>◦ call <b>us</b>: +44 (0) 1273 323 563</li> <li>◦ email: info@bupaglobal.com</li> <li>◦ write to: <b>Bupa Global</b>, Victory House, Trafalgar Place, Brighton, BN1 4FY, <b>UK</b>.</li> </ul> <p><b>You</b> can also ask for a copy of <b>our</b> complaints process.</p>
15.2	<p>If <b>we</b> can't settle <b>your</b> complaint within eight weeks or <b>you</b> don't agree with <b>our</b> final decision, <b>you</b> may be able to refer it to the Financial Services and Pensions Ombudsman:</p> <ul style="list-style-type: none"> <li>◦ write to: Financial Services and Pensions Ombudsman, Lincoln House, Lincoln Place, Dublin 2, D02 VH29</li> <li>◦ call them: +353 1 567 7000</li> <li>◦ email them: info@fspoi.ie</li> </ul> <p>For more details go to: <a href="http://www.fspoi.ie">www.fspoi.ie</a></p>
16.	<b>The law of this policy and where you can bring court action</b>
16.1	This <b>policy</b> is governed by Irish law. Any dispute that cannot otherwise be resolved may be dealt with by courts in Ireland.
16.2	If any dispute arises as to the interpretation of this <b>policy</b> as between different language versions, then the English language version shall be treated as conclusive and take precedence over any other versions.

# PRIVACY NOTICE

**We** are committed to protecting **your** privacy when dealing with **your** personal information. This privacy notice provides an overview of the information **we** collect about **you** and how **we** use and protect it. It also provides information about **your** rights.

The information **we** process about **you**, and **our** reasons for processing it, depends on the products and services **you** use. **You** can find more details in **our** full privacy notice available at: [www.bupaglobal.com/privacypolicy](http://www.bupaglobal.com/privacypolicy). If **you** do not have access to the internet and would like a paper copy of the full privacy notice, or if **you** have any questions about how **we** handle **your** information, please contact the **Bupa Global** service team on +44 (0) 1273 323 563. Alternatively **you** can email or write to the team via [info@bupaglobal.com](mailto:info@bupaglobal.com) or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**.

**Last updated:** May 2023

## Information about **Bupa Global**

1. What this privacy notice covers
2. How **we** collect personal information
3. Categories of personal information
4. What **we** use personal information for and **our** legal reasons for doing so
5. Profiling and automated decision making
6. Sharing **your** information
7. International transfers
8. How long **we** keep **your** personal information
9. **Your** rights
10. Data protection contacts

## Information about **Bupa Global**

In this privacy notice, "**we**" "**us**" and "**our**" mean the **Bupa** companies trading as **Bupa Global**. For details of these companies, visit [www.bupaglobal.com/legal-notice](http://www.bupaglobal.com/legal-notice)

The **Bupa** companies that process **your** information will depend on which of **our** products and services **you** ask **us** about, buy or use. For **our** insurance policies, **your** information will be processed by the insurer and the lead administrator of **your policy** who may share it with other **Bupa** companies as set out in the 'Sharing **your** information section'. Please refer to **your policy** documentation for confirmation of the insurer and lead administrator.

## 1. What this privacy notice covers

This privacy notice applies to anyone who interacts with **us** about **our** products and services ("**you**", "**your**"), in any way (for example email, website, phone, app and so on).

## 2. How we collect personal information

**We** collect personal information from **you** and from other organisations (for example those acting on **your** behalf, like brokers, healthcare providers and so on). If **you** give **us** information about other people, **you** must make sure that they have seen a copy of this privacy notice and are comfortable with **you** giving **us** their information.

## 3. Categories of personal information

**We** process the following categories of personal information about **you** and, if it applies, **your dependants**. This is standard personal information (for example information **we** use to contact **you**, identify **you** or manage **our** relationship with **you**), special categories of information (for example health information, information about race, ethnic origin and religion that allows **us** to tailor **your** care), and information about any criminal convictions and offences (**we** may get this information when carrying out anti-fraud or anti-money-laundering checks or other background screening activity).

## 4. What we use personal information for and our legal reasons for doing so

**We** process **your** personal information for the purposes set out in **our** full privacy notice, including to deal with **our** relationship with **you** (including for claims and complaints handling), for research and analysis, to monitor **our** expectations of performance (including of health providers relevant to **you**) and to protect **our** rights, property, or safety, or that of **our** customers, or others. The legal reason **we** process personal information depends on what category of personal information **we** process. **We** normally process standard personal information on the basis that it is necessary so **we** can perform a contract, for **our** or others' legitimate interests or it is needed or allowed by law. **We** process special categories of information because it is necessary for an insurance purpose, because **we** have **your** permission or as described in **our** full privacy notice. **We** may process information about **your** criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

## 5. Profiling and automated decision making

Like many businesses, **we** sometimes use automation to provide **you** with a quicker, better, more consistent and fair service, as well as with marketing information **we** think will interest **you** (including discounts on **our** products and services). This may involve evaluating information about **you** and, in limited cases, using technology to provide **you** with automatic responses or decisions. **You** can read more about this in **our** full privacy notice. **You** have the right to object to direct marketing and profiling relating to direct

marketing. **You** may also have rights to object to other types of profiling and automated decision-making.

## 6. Sharing your information

**We** share **your** information within the **Bupa group** of companies, with relevant **policyholders** (including **your** employer if **you** are covered under a group scheme), with funders who arrange services on **your** behalf, those acting on **your** behalf (for example brokers and other intermediaries) and with others who help **us** provide services to **you** (for example healthcare providers) or who **we** need information from to handle or check claims or entitlements (for example professional associations). **We** also share **your** information in line with the law. **You** can read more about what information may be shared in what circumstances in **our** full privacy notice.

## 7. International transfers

**We** work with companies that **we** partner with, or that provide services to **us** (such as healthcare providers, other **Bupa** companies and IT providers) that are located in, or run their services from, countries across the world. As a result, **we** transfer **your** personal information to different countries including transfers from within the **UK** to outside the **UK**, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. **We** take steps to make sure that when **we** transfer **your** personal information to another country, appropriate protection is in place, in line with global data protection laws.

## 8. How long we keep your personal information

**We** keep **your** personal information in line with periods **we** work out using the criteria shown in the full privacy notice.

## 9. Your rights

**You** have rights to have access to **your** information and to ask **us** to correct, erase and restrict use of **your** information. **You** also have rights to object to **your** information being used, to ask **us** to transfer information **you** have made available to **us**, to withdraw **your** permission for **us** to use **your** information and to ask **us** not to make automated decisions which produce legal effects concerning **you** or significantly affect **you**. Please contact **us** if **you** would like to exercise any of **your** rights.

## 10. Data protection contacts

If **you** have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which **we** process information about **you**, please contact **us** at [info@bupaglobal.com](mailto:info@bupaglobal.com). **You** can also use this address to contact **our** Data Protection Officer.

**You** also have the right to make a complaint to **your** local privacy supervisory authority. **We** are regulated by the Data Protection Commissioner ([www.dataprotection.ie](http://www.dataprotection.ie)) who can be contacted at, 21 Fitzwilliam Square South, Dublin 2, D02 RD28, Ireland. Tel +353 (0)761 104 800 or +353 (0)57 868 4800.

# GLOSSARY

<b>Active treatment</b>	<b>Treatment</b> from a <b>medical practitioner</b> of a disease, illness or injury that leads to <b>your</b> recovery, conservation of <b>your</b> condition or to restore <b>you</b> to <b>your</b> previous state of health as quickly as possible.
<b>Advanced therapy medicinal products (ATMPs)</b>	<b>Treatments</b> that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell <b>treatment</b> .
<b>Artificial life maintenance</b>	Any medical procedure, technique, medication or intervention delivered to a patient in order to prolong life.
<b>Assisted Reproduction Technologies</b>	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
<b>Benefit provider</b>	The <b>recognised medical practitioner, hospital</b> or clinic, or any other service provider, which provides <b>you</b> with any <b>covered benefits</b> .
<b>Blue Cross Blue Shield Association / Blue Cross Blue Shield Global / BCBSA</b>	The <b>Blue Cross and Blue Shield Association</b> is a national federation of 36 independent, community-based and locally-operated <b>Blue Cross and Blue Shield</b> companies. <b>Blue Cross Blue Shield Global</b> is a brand owned by <b>Blue Cross Blue Shield Association</b> .
<b>Bupa</b>	The British United Provident Association Limited, a <b>UK</b> limited liability company limited by guarantee, registered in England and Wales with company number 00432511, with registered office at <b>Bupa</b> , 1 Angel Court, London, EC2R 7HJ, England.
<b>Bupa Global</b>	<b>Bupa Global</b> Designated Activity Company or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.
<b>Bupa Group</b>	<b>Bupa Global, Bupa</b> Insurance Services Limited and all other companies in the <b>Bupa Group</b> , and those companies which provide any administration of this <b>policy</b> on behalf of <b>Bupa Global</b> .
<b>Co-insurance</b>	The percentage <b>you</b> have to pay towards those <b>covered benefits</b> to which <b>co-insurance</b> applies, as indicated in <b>your</b> membership certificate and membership guide.
<b>Complementary therapist</b>	Such as an acupuncturist, homeopath, reflexologist, naturopath or Chinese medicine practitioner who is fully trained and legally qualified and permitted to practise by the relevant authorities in the country in which the <b>treatment</b> is received.
<b>Covered benefits</b>	The <b>treatment</b> and benefits shown as covered in the Guide to <b>your Bupa Global health plan</b> .
<b>Day-patient</b>	<b>Treatment</b> which for medical reasons requires <b>you</b> to stay in a bed in <b>hospital</b> during the day only. <b>We</b> do not require <b>you</b> to occupy a bed for <b>day-patient mental health treatment</b> .

<b>Dental practitioner</b>	<p>A person who:</p> <ul style="list-style-type: none"> <li>◦ is legally qualified to practice dentistry,</li> <li>◦ is recognised by the relevant authorities in the country in which the <b>treatment</b> takes place as having a specialised qualification following attendance at a recognised dental school, and</li> <li>◦ is permitted to practice dentistry by the relevant authorities in the country where the dental <b>treatment</b> takes place</li> </ul> <p>Examples of a specialised qualification in the field of dentistry may include (but are not limited to) periodontics or paediatric dentistry.</p>
<b>Dependants</b>	Any other people covered by this <b>policy</b> , as named on the insurance certificate.
<b>Diagnostic tests</b>	Investigations, such as X-rays or blood tests, to find the cause of <b>your</b> symptoms.
<b>Dietician</b>	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the <b>treatment</b> is received.
<b>Doctor</b>	A person who: is legally qualified in medical practice following attendance at a recognised medical school to provide medical <b>treatment</b> , does not need a <b>specialist's</b> training, and is licensed to practise medicine in the country where the <b>treatment</b> is received. By recognised medical school <b>we</b> mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.
<b>Emergency</b>	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate <b>treatment</b> , generally within 24 hours of onset, and which would otherwise put <b>your</b> health at risk.
<b>Europe</b>	All EU countries, plus <b>United Kingdom (UK)</b> , Norway, Iceland, Liechtenstein, Switzerland, Andorra, Isle of Man, Channel Islands, Monaco, San Marino, Turkey and the Vatican.
<b>Family Members</b>	Persons of a family relationship (related to <b>you</b> by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
<b>Guide to your Premier Global health plan</b>	The booklet entitled " <b>Guide to your Premier Global health plan</b> " for the <b>health plan</b> which is stated to apply to <b>you</b> on <b>your</b> insurance certificate. This sets out which <b>treatments</b> and benefits are included under and any exclusions that apply to this <b>policy</b> . Where <b>you the policyholder</b> have a different <b>health plan</b> to the <b>dependants</b> , a different " <b>Guide to your health plan</b> " will apply to each of <b>you</b> .
<b>Health plan</b>	Any insurance plans made available by <b>Bupa Global</b> from time to time.
<b>Hospital</b>	A centre of <b>treatment</b> which is registered, or recognised under the local country's laws, as existing primarily for carrying out major <b>surgical operations</b> , or providing <b>treatment</b> which only <b>specialists</b> can provide.
<b>In-patient</b>	<b>Treatment</b> which for medical reasons normally means that <b>you</b> have to stay in <b>hospital</b> bed overnight or longer.
<b>Intensive care</b>	<b>Intensive care</b> includes; High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure. Intensive Therapy Unit/ <b>Intensive Care</b> Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation. Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring. Special care baby unit: a unit that provides the highest level of care for babies.

<b>Medical practitioner</b>	A <b>specialist, doctor, psychologist, psychotherapist, physiotherapist, osteopath, chiropractor, dietician, speech therapist, complementary therapist or therapist</b> who provides <b>active treatment</b> of a known condition.
<b>Medically necessary:</b>	<b>treatment</b> , medical service or prescribed drugs/medication which is: (a) consistent with the diagnosis and medical <b>treatment</b> for the condition; (b) consistent with generally accepted standards of medical practice; (c) necessary for such a diagnosis or <b>treatment</b> ; (d) not being undertaken primarily for the convenience of the member or the treating <b>medical practitioner</b>
<b>Mental health treatment</b>	<b>Treatment</b> of mental conditions, including eating disorders.
<b>Network</b>	<b>Hospitals</b> , pharmacies or similar facilities, or <b>Medical practitioner's</b> that have an agreement in effect with <b>Bupa Global</b> or a <b>service partner</b> to provide <b>you</b> with covered <b>treatment</b> .
<b>Out-patient</b>	<b>Treatment</b> given at a <b>hospital</b> , consulting room, <b>doctor's</b> office or <b>out-patient</b> clinic where <b>you</b> do not stay overnight or as a <b>day-patient</b> to receive <b>treatment</b> .
<b>Ovulation induction treatment</b>	<b>Treatment</b> including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.
<b>Persistent vegetative state:</b>	A state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name, or touching. The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.
<b>Pharmacy</b>	A facility where prescribed drugs are prepared or sold.
<b>Physiotherapists, osteopaths and chiropractors</b>	Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the <b>treatment</b> is received.
<b>Policy</b>	<b>Your</b> contract of insurance with <b>Bupa Global</b> as described in Clause 1 of the Terms and Conditions.
<b>Policy year</b>	The 12 month period for which this <b>policy</b> is effective, as first shown on <b>your</b> insurance certificate and, if this <b>policy</b> is renewed, each 12 month period which follows the <b>renewal</b> date.
<b>Policyholder</b>	The main applicant set out in the application form and who will be the first person named on the insurance certificate.
<b>Pre-existing condition</b>	<ul style="list-style-type: none"> <li>◦ Any medical condition declared in <b>your</b> application for cover which has been noted on <b>your</b> membership certificate as a 'personal exclusion' or covered <b>pre-existing condition</b>.</li> <li>◦ Any medical condition declared in <b>your</b> application for cover which has been accepted with no 'personal exclusion' or underwriting loading applied</li> <li>◦ Any disease illness or injury for which <b>you</b> received medication, advice or <b>treatment</b>, or <b>you</b> had experienced symptoms of whether the condition was diagnosed or not, prior to becoming a member which was not disclosed on <b>your</b> application for cover</li> </ul> <p>Where <b>we</b> have accepted <b>your</b> transfer to this plan from another insurance product on a continuous cover basis, the above reference to 'application for cover' shall mean <b>your</b> original application for cover under that previous insurance product.</p>

<b>Professional Sports Activities</b>	<b>Professional Sports Activities</b> is any sport the member/ affiliates takes part in and is compensated for, whether when participating in training practice or in competitive practice.
<b>Prophylactic surgery</b>	Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland.
<b>Psychologist and psychotherapist</b>	A person who is legally qualified and is permitted to practice as such in the country where the <b>treatment</b> is received.
<b>Qualified nurse</b>	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the <b>treatment</b> is received.
<b>Reasonable and Customary</b>	<b>Reasonable and Customary</b> means the 'usual', or 'accepted standard' amount payable for a specific healthcare <b>treatment</b> , procedure or service in a particular geographical region, and provided by <b>benefit providers</b> of comparable quality and experience.
<b>Recognised medical practitioner, hospital or healthcare facility</b>	Any provider who is not an <b>unrecognised medical practitioner, hospital or healthcare facility</b> .
<b>Rehabilitation (Multidisciplinary rehabilitation)</b>	<b>Treatment</b> in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
<b>Renewal</b>	Each anniversary of the date <b>you</b> joined the <b>health plan</b> .
<b>Serious acute illness</b>	A medical condition, or symptoms resulting from a disease, illness or injury which arises suddenly and in the reasonable opinion of the attending <b>specialist</b> and <b>our</b> medical consultants, requires immediate <b>treatment</b> , generally within 24 hours of onset, and which would otherwise put <b>your</b> health at serious risk.
<b>Service partner</b>	A company or organisation that provides services on behalf of <b>Bupa Global</b> . These services may include pre-authorisation of cover and location of local medical facilities.
<b>Specialist</b>	A surgeon, anaesthetist or <b>specialist</b> who: is legally qualified to practise medicine or surgery following attendance at a recognised medical school, is recognised by the relevant authorities in the country in which the <b>treatment</b> is received as having specialised qualification in the field of, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated. By 'recognised medical school' <b>we</b> mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.
<b>Specified country of nationality</b>	The country of nationality specified by <b>you</b> in <b>your</b> application form or as advised to <b>us</b> in writing, whichever is the later.
<b>Specified country of residence</b>	The country of residence specified by <b>you</b> in <b>your</b> application and shown in <b>your</b> insurance certificate, or as advised to <b>us</b> in writing, whichever is the later. The country <b>you</b> specify must be the country in which the relevant authorities (such as tax authorities) believe <b>you</b> to be resident for the duration of the <b>policy</b> .
<b>Speech therapist</b>	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the <b>treatment</b> is received.
<b>Surgical operation</b>	A medical procedure that involves the use of instruments or equipment.
<b>Therapists</b>	An occupational <b>therapist</b> or orthoptist, who is legally qualified and is permitted to practise as such in the country where the <b>treatment</b> is received.



<b>Treatment</b>	Surgical or medical services (including <b>diagnostic tests</b> ) that are needed to diagnose, relieve or cure disease, illness or injury.
<b>UK</b>	Great Britain and Northern Ireland.
<b>Unrecognised medical practitioner, provider or facility</b>	<ul style="list-style-type: none"> <li>◦ <b>Treatment</b> provided by a <b>medical practitioner, hospital or healthcare facility</b> which are not recognised by the relevant authorities in the country where the <b>treatment</b> takes place as having <b>specialist</b> knowledge, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated.</li> <li>◦ Self <b>treatment</b> or <b>treatment</b> provided by anyone with the same residence, <b>Family Members</b> (persons of a family, related to <b>you</b> by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request.</li> <li>◦ <b>Treatment</b> provided by a <b>medical practitioner, hospital or healthcare facility</b> which are to whom <b>we</b> have sent a written notice that <b>we</b> no longer recognise them for the purposes of <b>our health plans</b>. <b>You</b> can contact <b>us</b> by telephone for details of <b>benefit providers we</b> have sent written notice to or visit Facilities Finder at <a href="http://bupaglobal.com/en/facilities/finder">bupaglobal.com/en/facilities/finder</a></li> </ul>
<b>We/us/our</b>	<b>Bupa Global</b>
<b>You the policyholder</b>	Just the <b>policyholder</b> .
<b>You/your</b>	The <b>policyholder</b> and/or any <b>dependants</b> .

**General services:**

+44 (0) 1273 323 563

**Medical related enquiries:**

+44 (0) 1273 333 911

**Your** calls may be recorded or monitored.

**Bupa Global**

Victory House  
Trafalgar Place  
Brighton  
BN1 4FY

**United Kingdom**

**Bupa Global offers you:**

Global medical plans for  
individuals and groups  
Assistance, repatriation and  
evacuation cover  
24-hour multi-lingual helpline  
bupaglobal.com

**For services in the U.S.**

**Blue Cross Blue Shield Global**

**US** Service Center  
Palmetto Bay Village Center  
17901 Old Cutler Road, Suite #400  
Palmetto Bay, FL 33157

info@bupaglobalaccess.com  
+1 786-257-4741

**Bupa Global** Designated Activity Company (**Bupa Global** DAC), trading as **Bupa Global**, is a designated activity company limited by shares registered in Ireland under company number 623889 and having its registered office at Second Floor, 10 Pembroke Place, Ballsbridge, Dublin 4, DO4 V1W6.

**Bupa Global** DAC, trading as **Bupa Global**, is regulated by the Central Bank of Ireland.

Global Virtual Care, **Bupa** Lifeworks and Second Medical Opinion are not regulated by the Central Bank of Ireland.